

Name
in
Full

Ann Rebecca Albert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Hagerstown	wash.	
Date of death	Month	Day	Years Months Days
190	9	2	51 8 9
Sex	Age	Color or Race	Birth-place
female	51	white	Md.
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
single			
Father's Name	Father's Birthplace		
Jacob Albert	Md.		
Mother's Maiden Name	Mother's Birthplace		
Mary Parker	"		
Name of person giving Information	How related to deceased		
Mary & Albert	sister		

CAUSES OF DEATH

79

How long

How long

3 or 4 years

PHYSICIAN
OR CORONER

Primary

Immediate

Heart Disease

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. J. R. Scott
Hagerstown

Accident or Suicide?

Sunder

Name
in
Full

Hona Island Alter

CERTIFICATE OF DEATH

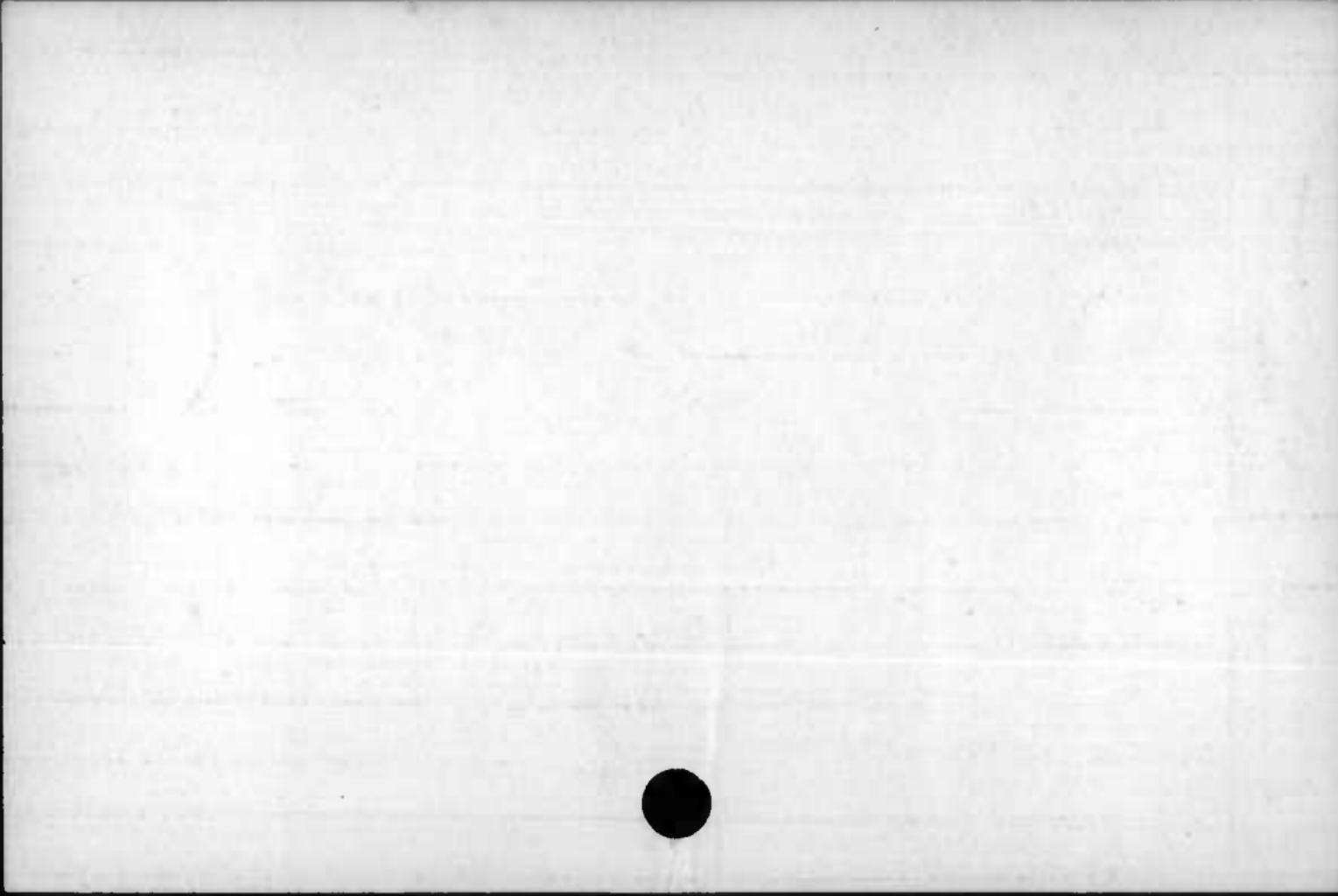
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	31	8	3
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John B. Alter	Father's Birthplace	Pa.		
Mother's Maiden Name	Levina K. Alter	Mother's Birthplace	Greencastle Pa.		
Name of person giving Information	Levina K. Alter	How related to deceased	Mother		
CAUSES OF DEATH					
Primary	27				
Immediate	Pneumonia				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W.B. Morrison		
		Address	Hagerstown Md		

PHYSICIAN
OR CORONER

I

Accident or Suicide?



Name
in
Full

Mary E. Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	St James School Washington			County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Lambeth Vic.	
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Husband	Wm. S. Anderson	Father's Birthplace	London	
Father's Name	Sam'l T. Sterrett	Mother's Birthplace		Mother's Birthplace	Lambeth Vic.	
Mother's Maiden Name	Lydia Kitzmiller	How related to deceased	Daughter	How long	2 years	
Name of person giving information	Virginia Strite	How long	6 weeks			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic gastritis

104

How long

Immediate

Debility

Are the name, age, sex, color, date and place correctly given above?

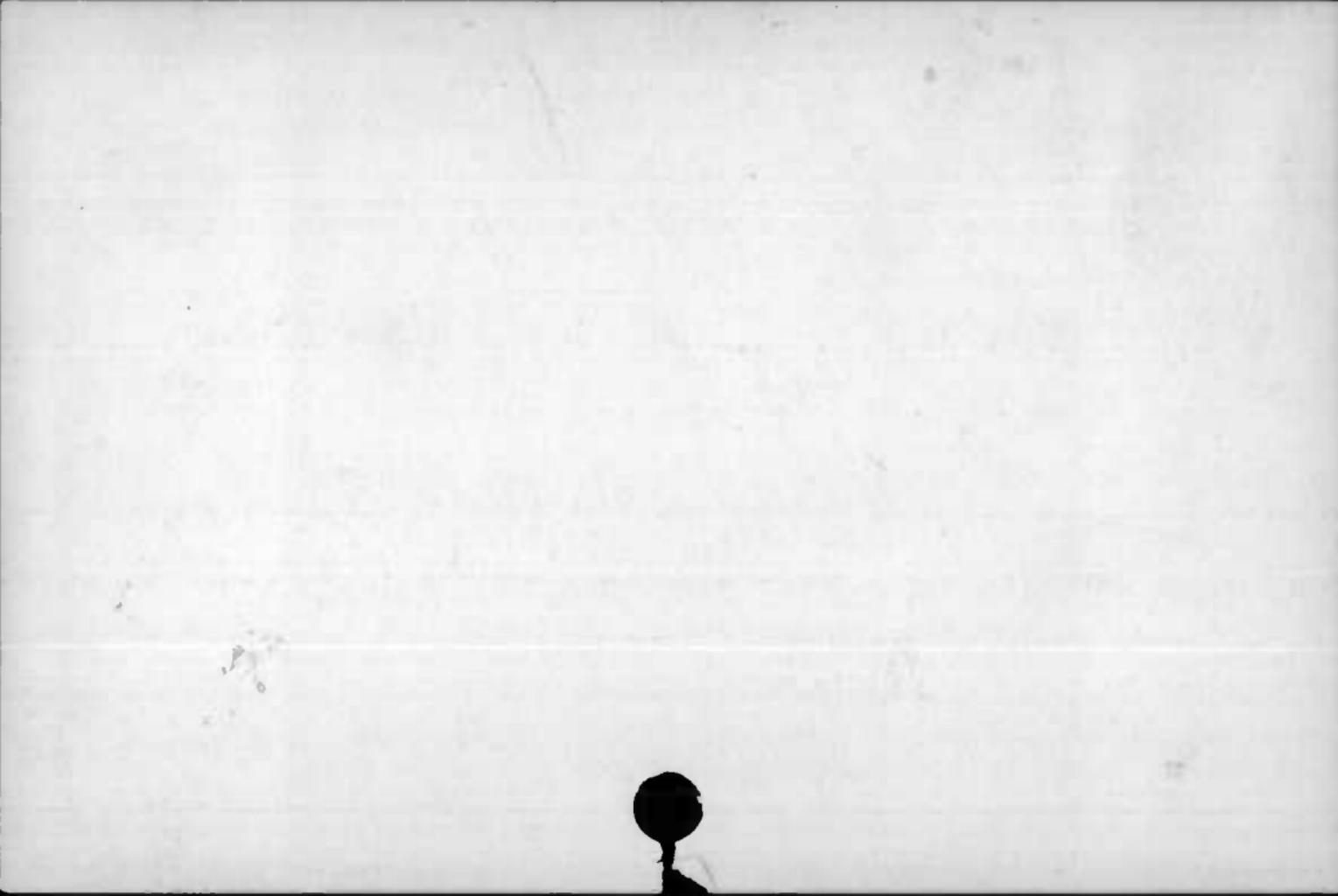
yes

Signature of Physician

Address

B.M. Reichard
Fairplay.

Accident or Suicide?



Name
in
Full

Johanna Barkdol

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Lintersburg.</u>		Town <u>Washington.</u>	County <u>Washington.</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>2</u>	Years <u>80</u>	Months <u>5</u>	Days <u>12</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth- place <u>Ringgold, Md.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Barkdol</u>					
Father's Name <u>unknown.</u>	Father's Birthplace <u>unknown</u>					
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>					
Name of person giving Information <u>William Barkdol</u>	How related to deceased <u>Son</u>					
CAUSES OF DEATH						
Primary <u>Pneumonia</u>	93					
Immediate	How long <u>four days</u>					

PHYSICIAN
OR CORONER



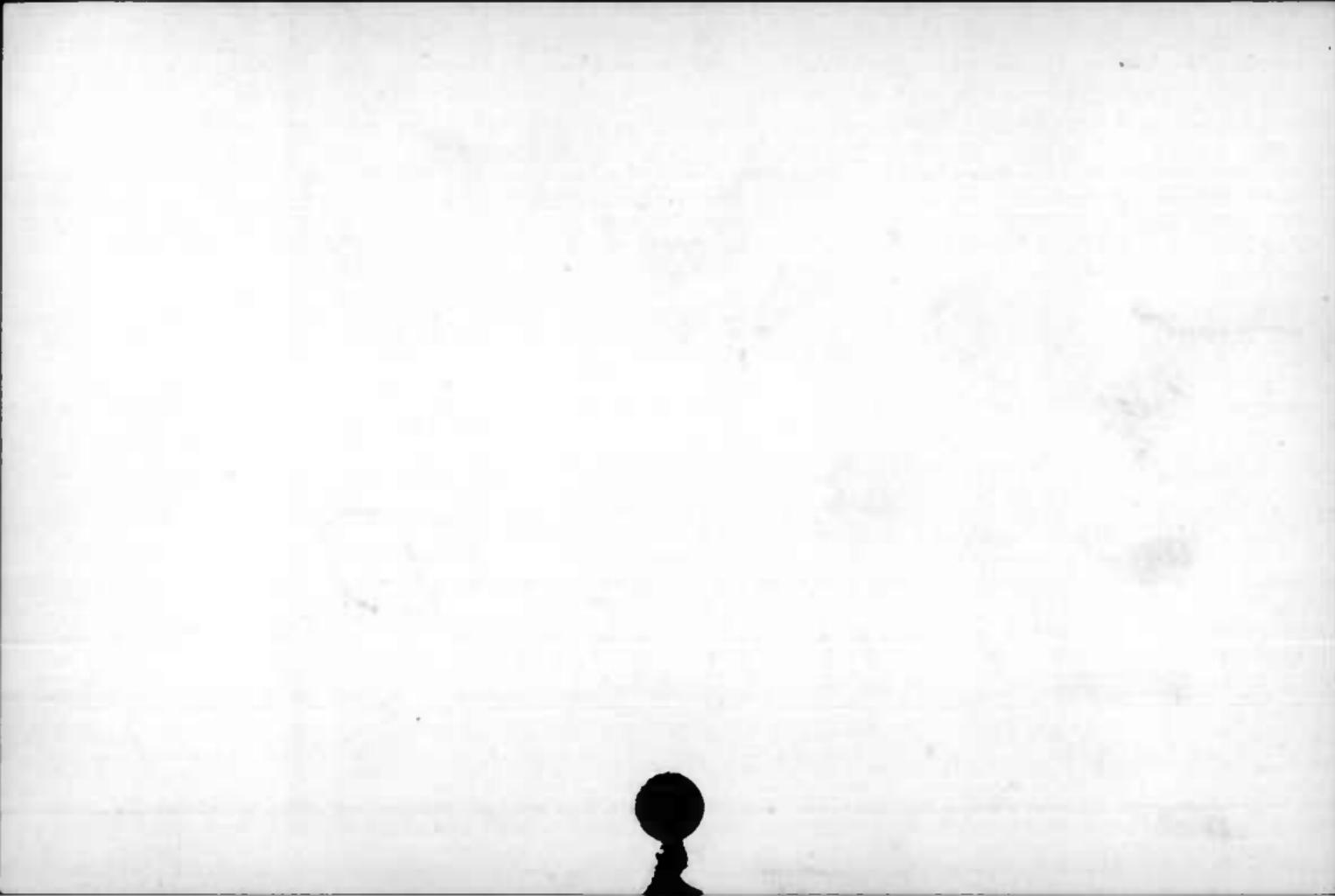
Accident or Suicide?

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. H. Wishard
Lintersburg
Md.



Name
in
Full

Daniel Beachley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Died at		Town	County		MARYLAND		
Date of death	1908	Month 2	Day 8	Age 71	Years	Months 10	Days 22
Sex	Male	Color or Race	White	Birth- place Md			
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband		Sarah A. Linebaugh			
Father's Name	Daniel Beachley		Father's Birthplace Md				
Mother's Maiden Name	Esther Thunstaker		Mother's Birthplace Md				
Name of person giving Information	Harry E Beachley		How related to deceased Son				

CAUSES OF DEATH

177

Primary

Dropsy

How long

6 months

Immediate

Heart failure

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

S. W. M. Hospital
Hagerstown
Md

Accident or Suicide?

^W
Bonomo

Name
in
Full

Annie L. Bell.

CERTIFICATE OF DEATH

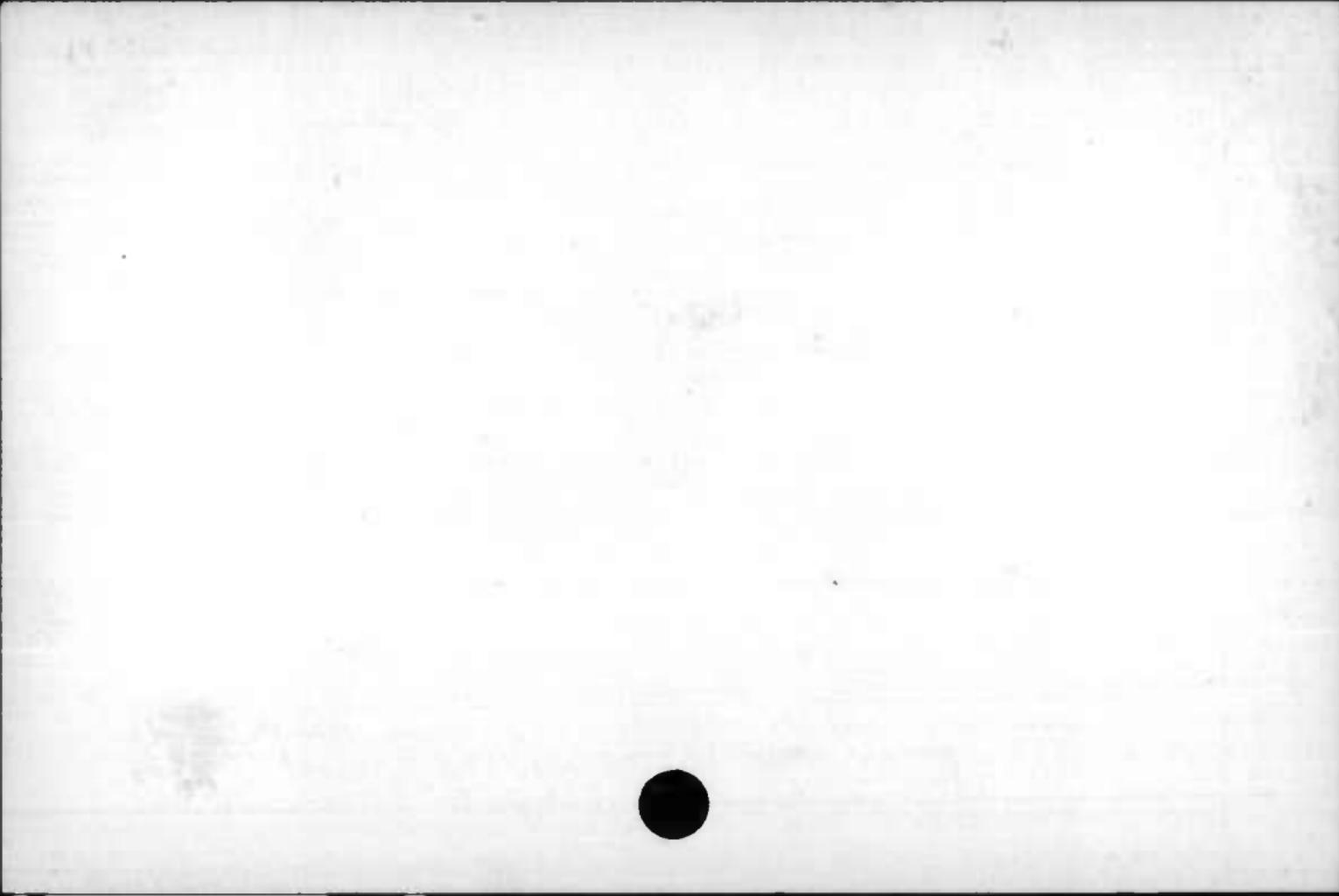
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dear Lutensbury</u>		County <u>Hanover</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>6</u>	Years <u>2</u>	Months <u>2</u>	Days <u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dear Lutensbury</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Dear Lutensbury</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Annie L. Bell</u>				
Father's Name <u>Ralph M. Bell</u>	Father's Birthplace <u>Lutensbury</u>				
Mother's Maiden Name <u>Annie L. Hess</u>	Mother's Birthplace <u>Ronserville Pa</u>				
Name of person giving Information <u>Ralph M. Bell</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary	<u>Whooping Cough</u>			How long <u>two weeks</u>	
Immediate	<u>Congestion of lungs</u>			How long <u>two days</u>	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>J. H. Wishard</u>		
			Address <u>Dear Lutensbury Md.</u>		
Accident or Suicide?					

(8)

PHYSICIAN
OR CORONER





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND.

PHYSICIAN
OR CORONER

Dx. H. Jerningham Boone

CERTIFICATE OF DEATH

Died at Worerton Town Washington County

MARYLAND

Date Month Day Years Months Days
of death 1908 2 20 87 1 4

Sex Male Color or Race White Birthplace W. Va

Occupation Physician Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife of
Husband

Father's
Name

Mary J. Enchelberger

Father's
Birthplace

Mother's
Maiden Name

Robert Boone

Mo

Name of person giving
Information

Catharine Queen

Mother's
Birthplace

K. B. Stonebreaker

"

How related
to deceased

Daughter

CAUSES OF DEATH

(90)

How long

Primary

Advanced Age

How long

Immediate

Capillary Bronchitis

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

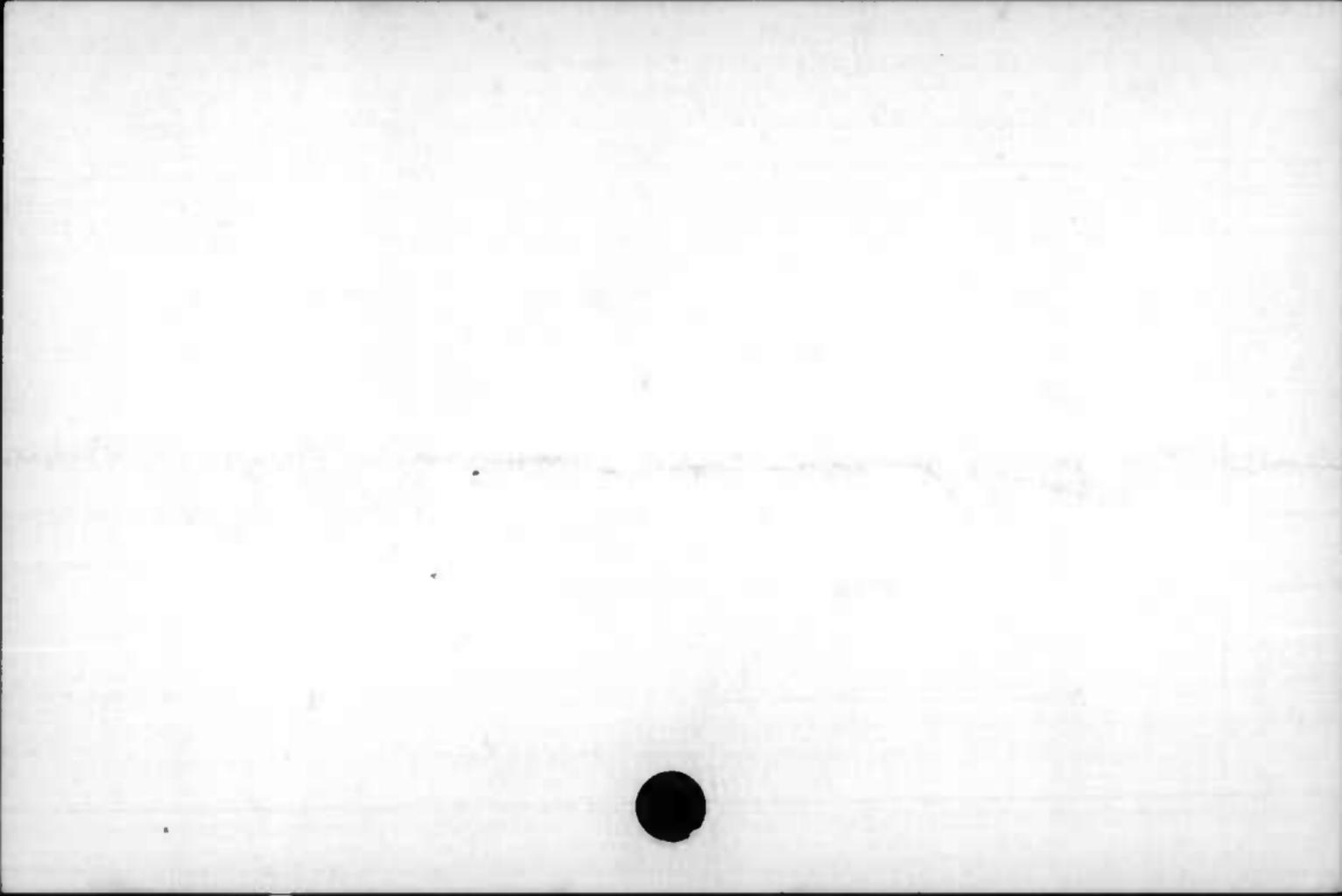
Signature of
Physician

Address

J. J. Younce

P. O. Box 200
Princetown
Maryland

Accident or Suicide?



Name
in
Full

Guy Bowdern

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Ringgold

County

Washington

MARYLAND

Date
of death

1908

Month

Feb.

Day

12

Years

Age

Stillborn

Months

0

Days

Sex

Male

Color or
Race

White

Birth-
place

Ringgold

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Infant

Daniel H. Bowdern

Father's
Birthplace

Middlebury

Mother's
Maiden Name

Minnie B. Bowman

Mother's
Birthplace

Waynesboro Pa

Name of person giving
Information

Daniel H. Bowdern

How related
to deceased

Father

CAUSES OF DEATH



PHYSICIAN
OR CORONER

Primary

Stillbirth

How long

Immediate

Stillborn

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

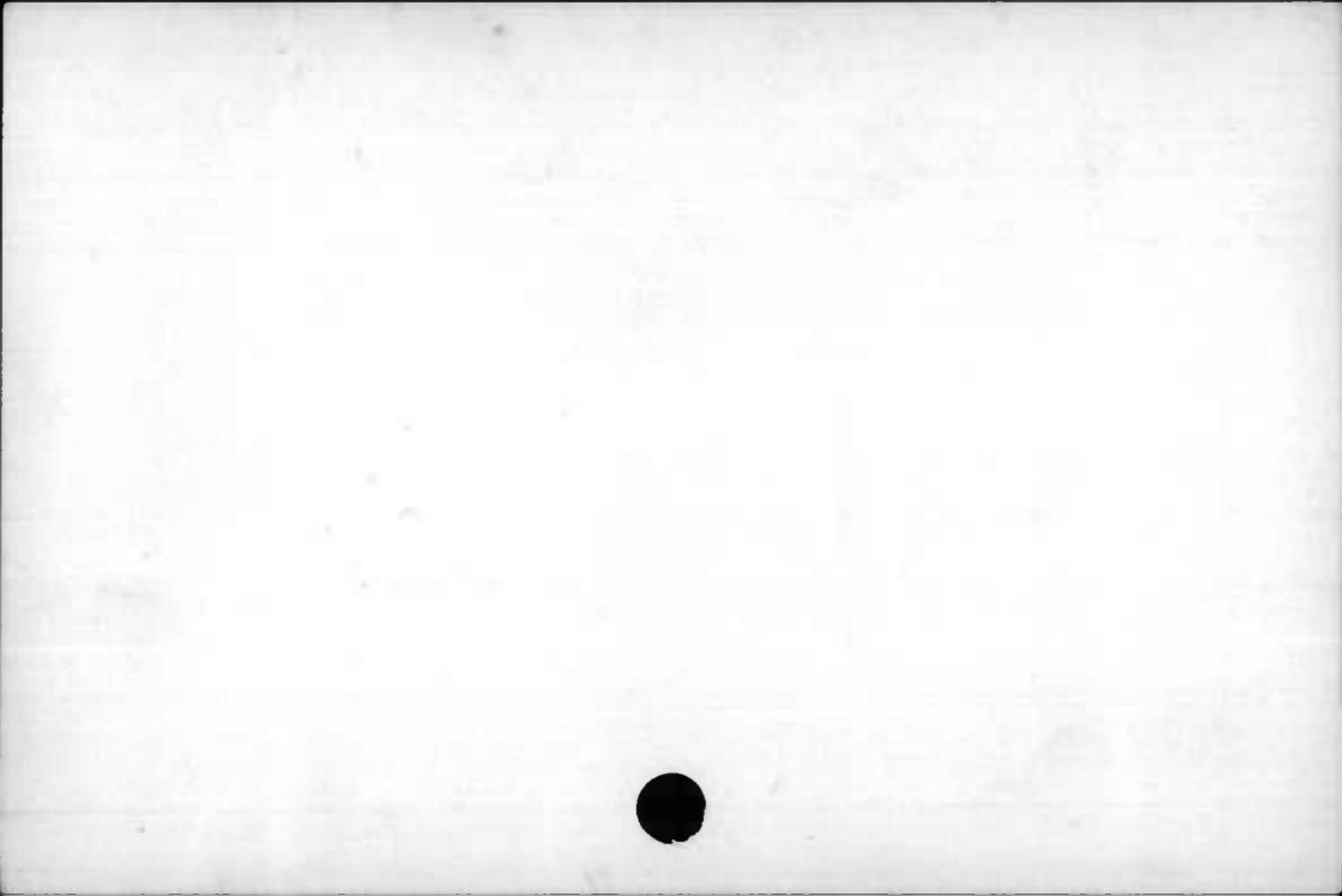
Address

J.H. Koons

Waynesboro Pa

Accident or Suicide?

Stillbirth



Name
in
Full

Roy E. Bowders.

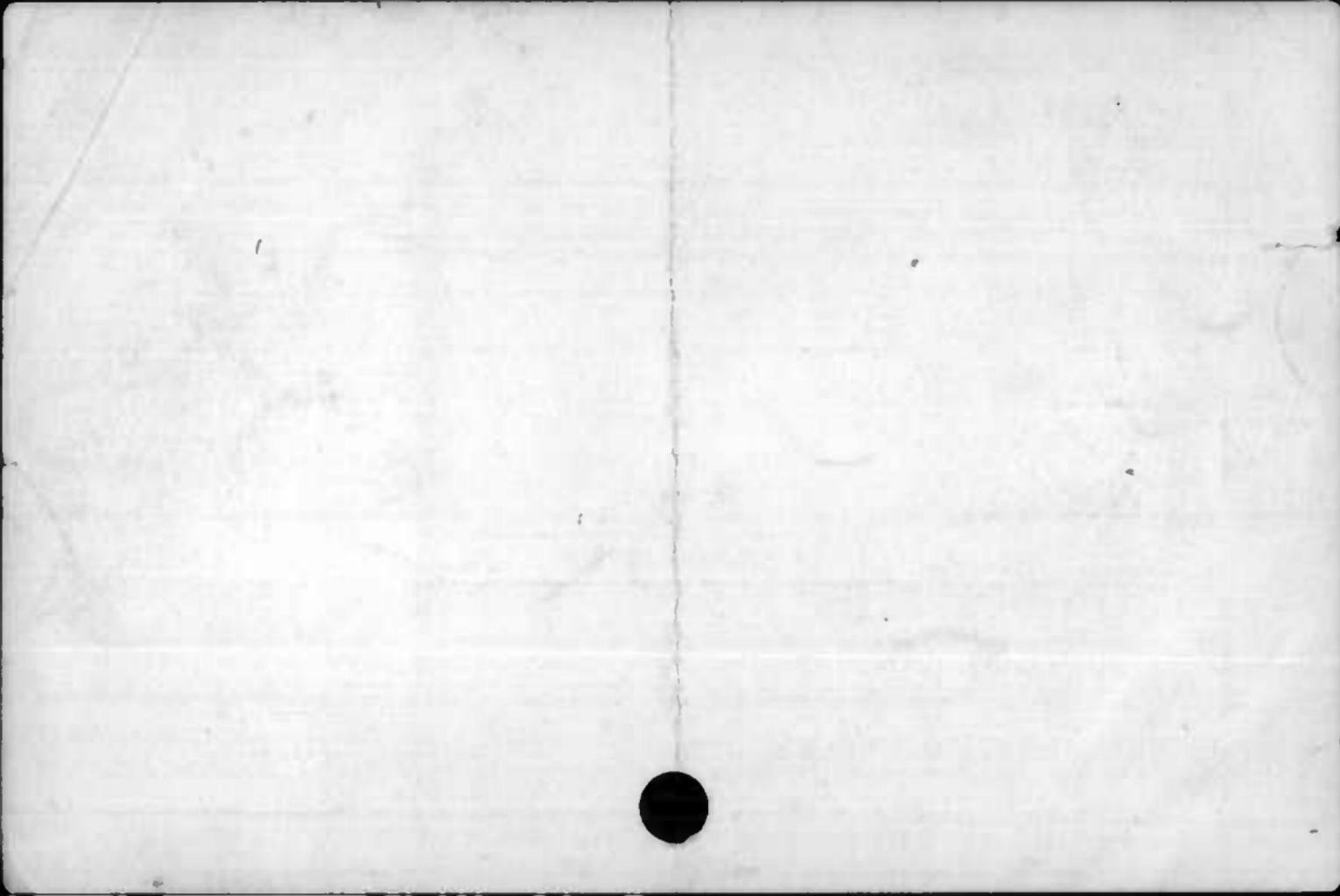
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		
CAUSES OF DEATH			
Primary	Premature		
Immediate	Malnutrition		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Accident or Suicide?		151	

PHYSICIAN
OR CORONER





Name
in
Full

Joe Lain

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information	Mary Lake	How related to deceased	None

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Valvular heart trouble

How long

6 months

Immediate

Paralysis

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. P. Scheer
Hagerstown

Accident or Suicide?

No.

bifida
Roxwell

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Carmack				CERTIFICATE OF DEATH			
Died at Bellview		Town		County		MARYLAND	
Date of death 1908	Month Feb	Day 11	Age 87	Years	Months	Days	5
Sex Male	Color or Race white	Birth-place Md Co Ind.					
Married, Single or Widowed	Indorwed	Occupation Labour					
Name of Wife or Husband	Dont know						
Father's Name	Don't know			Father's Birthplace	Don't know		
Mother's Maiden Name	Don't know			Mother's Birthplace	Don't know		
Name of person giving information	D.R. Hager			How related to deceased	niece		

CAUSES OF DEATH

154

How long

2 yrs.

How long

Primary

Anility
Exhaustion

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W.B. Thompson
Hagerstown Md.

Accident or Suicide?

no

Giffen
2nd floor

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James S. Cooper

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1908 2 11 — 10 —
male white Md.
—
single Conley Cooper Va
Carrie Ashby "
Conley Cooper father
61

CAUSES OF DEATH

Primary

Bronchitis

How long

10 days

Immediate

Measles

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Monroe
Hagerstown Md.

Yes

Accident or Suicide?

Sister

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date
of death

Month

Day

Years

Months

Days

1909

Sex

male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing If not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Brother

Father's
Birthplace

Md

Mother's
Maiden Name

Laurie Sherry

Mother's
Birthplace

Md

Name of person giving
Information

W. W. Wilson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bronchitis

How long

10 days

Immediate

✓

How long

✓

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

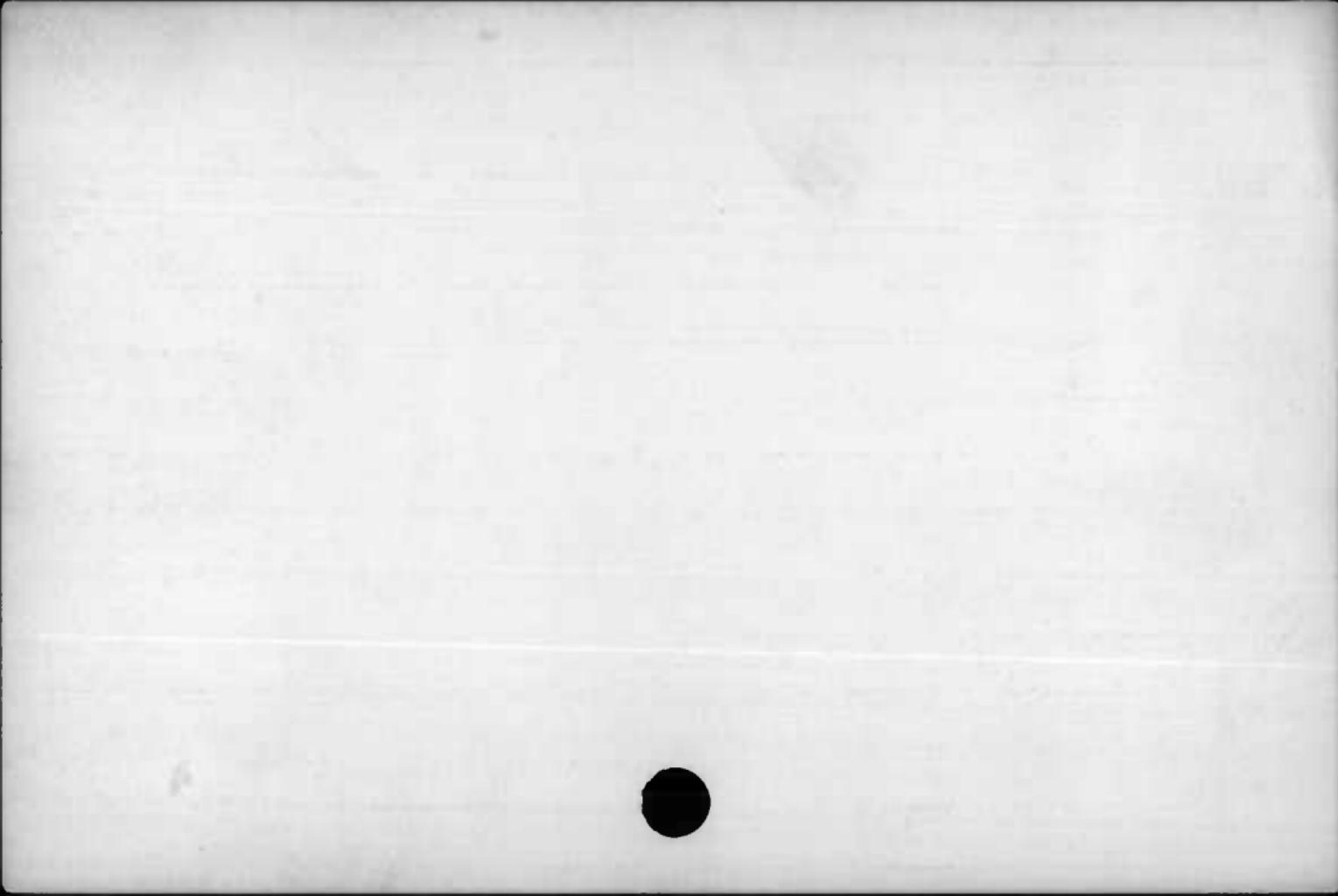
Sam H. B. Morrison

Baltimore

Md

Accident or Suicide?

No.



Name
in
Full

Catharine Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Birth-place	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	John Davis	W. & Anna
Father's Name	Henry Midkows		
Mother's Maiden Name	Linda Brown		
Name of person giving information	Mrs. Mrs. Brown		

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORONER

Primary

Heart Failure

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. M. Werb

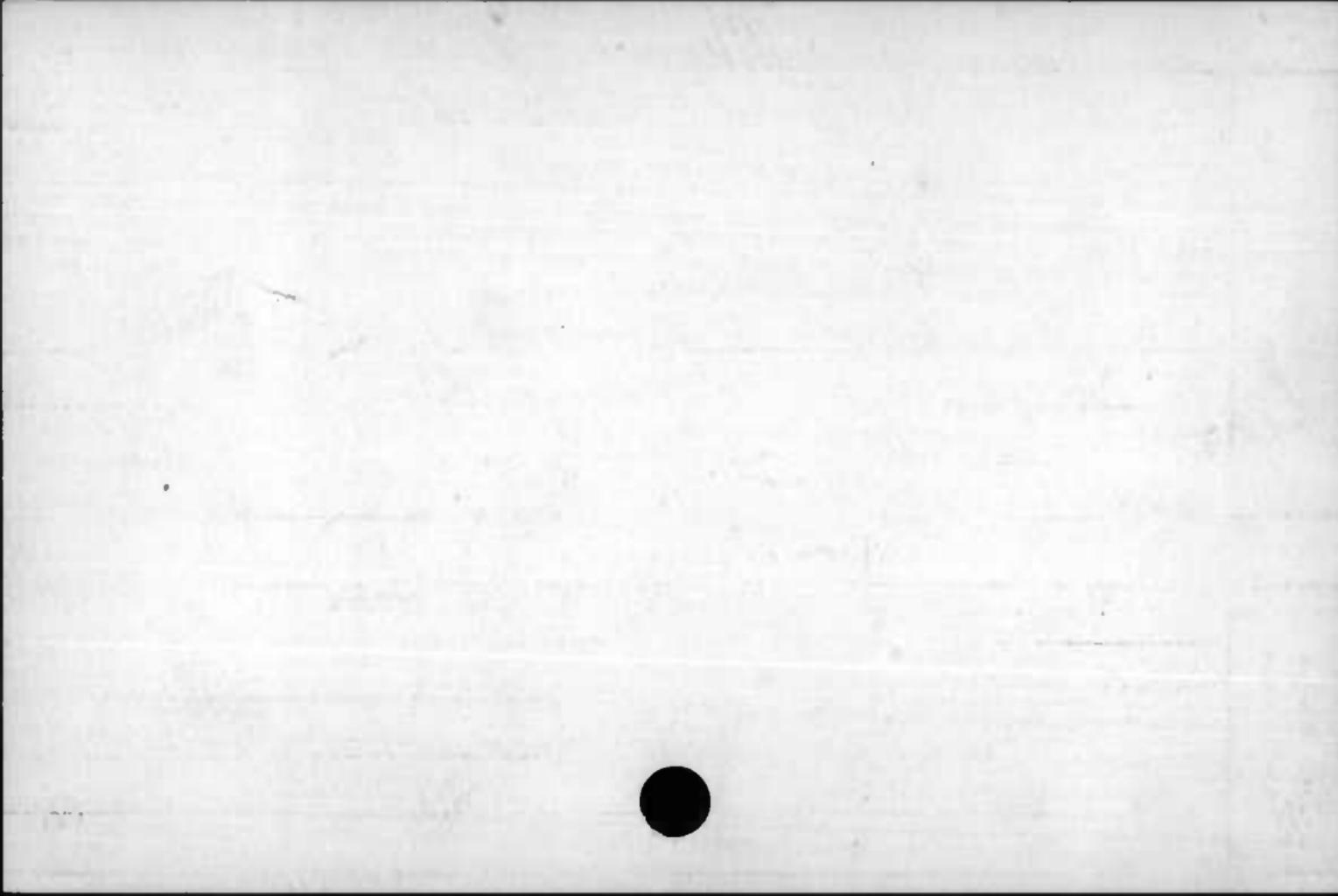
Address

121 W. Washington St

Hagerstown -

H

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Lewis Delamarter

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown Wash. Town County
Date of death 1908 Month 2 Day 15 Years 69 Months 2 Days 10
Sex male Color or Race white Birth-place N.Y.

Occupation Retired Lumber Merchant Where Residing if not
place of death _____

Married, Single or Widowed married Name of Wife Mrs Rose Delamarter
Name of Husband Richard

Father's Name Pardon W. Delamarter Father's Birthplace N.Y.

Mother's Maiden Name Elizabeth Lewis Mother's Birthplace " "

Name of person giving information Norine Cummings How related to deceased daughter

CAUSES OF DEATH

79

How long

18 Months

Primary Cardiac Hypertrophy & Chronic Bright's
Immediate Heart failure with Lung Congestion How long
few days

How long

a few days

PHYSICIAN
OR CORONER

H

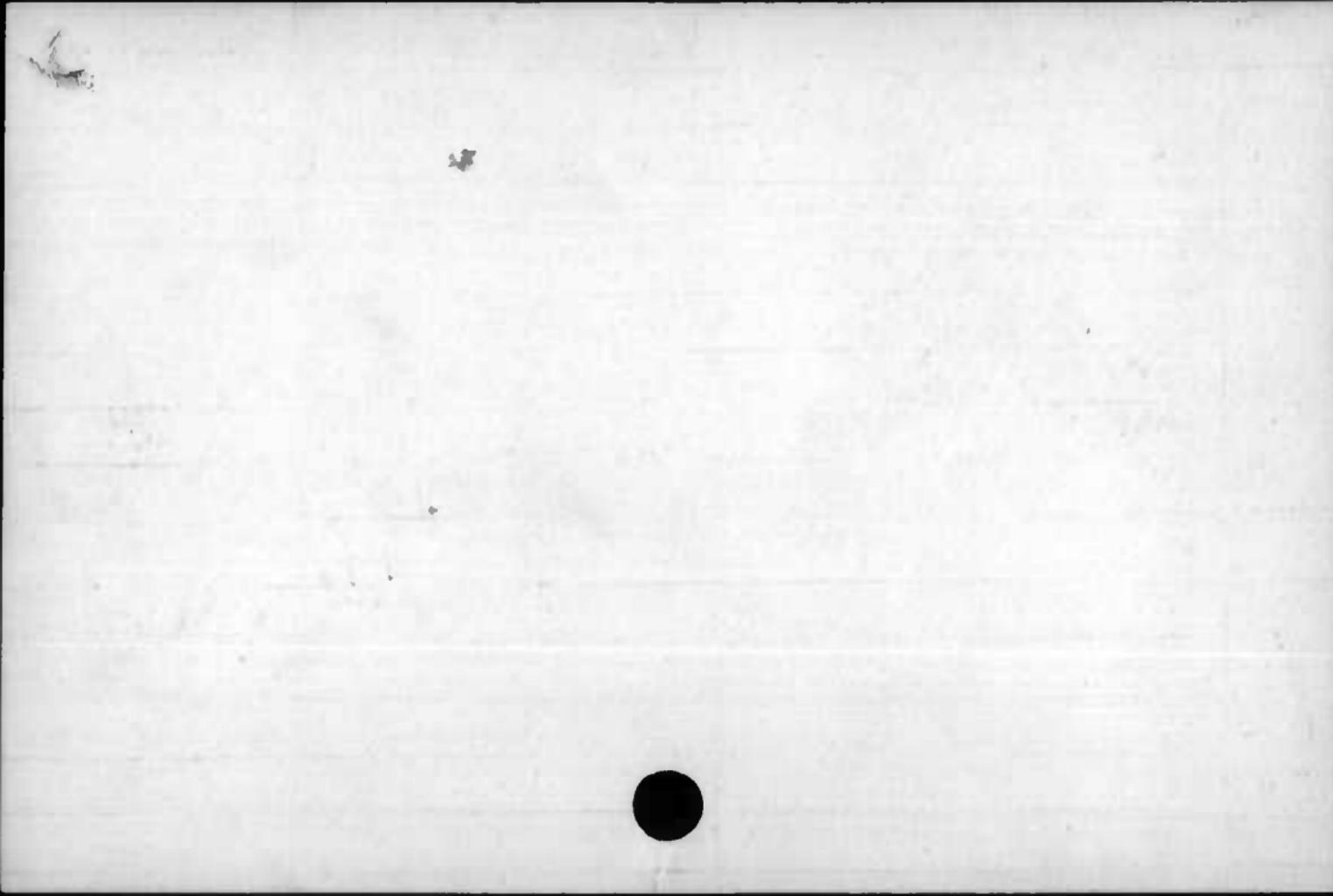
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

A. J. Meason
Hagerstown Md.

Accident or Suicide?



Name
In
Full

Albert H. Delander

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Dear Bakersville	Washington				
Date of death	1908	Month	2	Day	19	Years
					Age	29
					Months	2
					Days	1
Sex	Male	Color or Race	White	Birth- place	Happana	
Occupation	School Teacher			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John H. Delander			Father's Birthplace	Frederick Co.	
Mother's Maiden Name	Rebecca Remmer			Mother's Birthplace	Frederick Co.	
Name of person giving Information	Joseph Delander			How related to deceased	Brother	
CAUSES OF DEATH						
Primary	Consumption					
Immediate	Consumption with ethanol					
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. W. Grandine			
		Address	Sharpsburg Md.			
27						

PHYSICIAN
OR CORONER

I

Accident or Suicide?

I only saw this case a short time before death



Dr. H. S. Gardner.
Sharpsburg.
Maryland.

Please return, by
10 o'clock train.

Name
in
Full

Nannie Bayd Detrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place Pa		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	David W. Detrich			
Father's Name	W ^x Pittman	Father's Birthplace Pa			
Mother's Maiden Name	Elizabeth Pittman	Mother's Birthplace Pa			
Name of person giving information	David W. Detrich	How related to deceased Husband			
CAUSES OF DEATH					
Primary	Child Birth	137	How long	4 Days	
Immediate	Phlebitis		How long	3 day	

PHYSICIAN
OR CORONER

11

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. K. Den M.D.
Hagerstown
Md.

Accident or Suicide?



Name
in
Full

John Dornen

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	Washington	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	66	near	
Occupation	Laboren		Where Residing if not at place of death	Sharsburg		
Married, Single & Widowed	Name of Wife or Husband		Jennie Dornen Deit			
Father's Name	Jacob Dornen		Father's Birthplace	unknown		
Mother's Maiden Name	Rachel Donaldson		Mother's Birthplace	unknown		
Name of person giving information	Jacob Stride		How related to deceased	Nephew		
CAUSES OF DEATH				66		
Primary	Hemiplegia		How long	About 6 mos.		
Immediate	General Debility		How long	Years		

PHYSICIAN
OR CORONER

H

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

J. W. Garrett,
Sharpsburg, Md.

Chas. S. Wade
undertaker

Name
in
Full

Daniel L Doubt

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County			
Date of death	1908	Month 2	Day 28	Years 63	Months 11	Days 29
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	Transfusman					Where Residing if not at place of death
Married, Single or Widowed	Married	Name of Wife or Husband	Alice Doubt	Father's Birthplace	Md	
Father's Name	Ernestian Doubt					Mother's Birthplace
Mother's Maiden Name	Elizabeth Bernard					How related to deceased
Name of person giving information	Alice Doubt					Wife

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Encarditis & nephritis -

How long

3 years. (?)

Immediate

Congestion of lungs -

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Alice Doubt /
Hyattsville,
Md.

Accident or Suicide?

No

Coffman
Boertoro

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Unnamed Infant				CERTIFICATE OF DEATH	
Died at	Town	County	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	?
Mother's Maiden Name	Ella Downey				Mother's Birthplace
Name of person giving information	Self				How related to deceased
CAUSES OF DEATH					
Primary	Pneumonia Bronch			151	How long
Immediate	Debility			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	W. M. Reichard	
			Address	Fairplay,	
Accident or Suicide?					



Name
in
Full

Peter Theodore Eckis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hag. Hospital	Washington			
Date of death	Month	Day	Years	Months	Days
1908	Feby	6	59	1	3
Sex	Male	Color or Race	White	Birth-place	Williamsport Md
Occupation	Railroader	Where Residing if not at place of death	Williamsport Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Rebekah J. Bowser	Father's Birthplace	Pa
Father's Name	Samuel	Eckis		Mother's Birthplace	Md
Mother's Maiden Name	Elizabeth Brooks			How related to deceased	Wife
Name of person giving information	Rebekah J. Bowser				

CAUSES OF DEATH

64

How long

How

Primary

Immediate

Central apoplexy

Thirty Six hours

Are the name, age, sex, color, date and place correctly given above?

✓

Signature of Physician

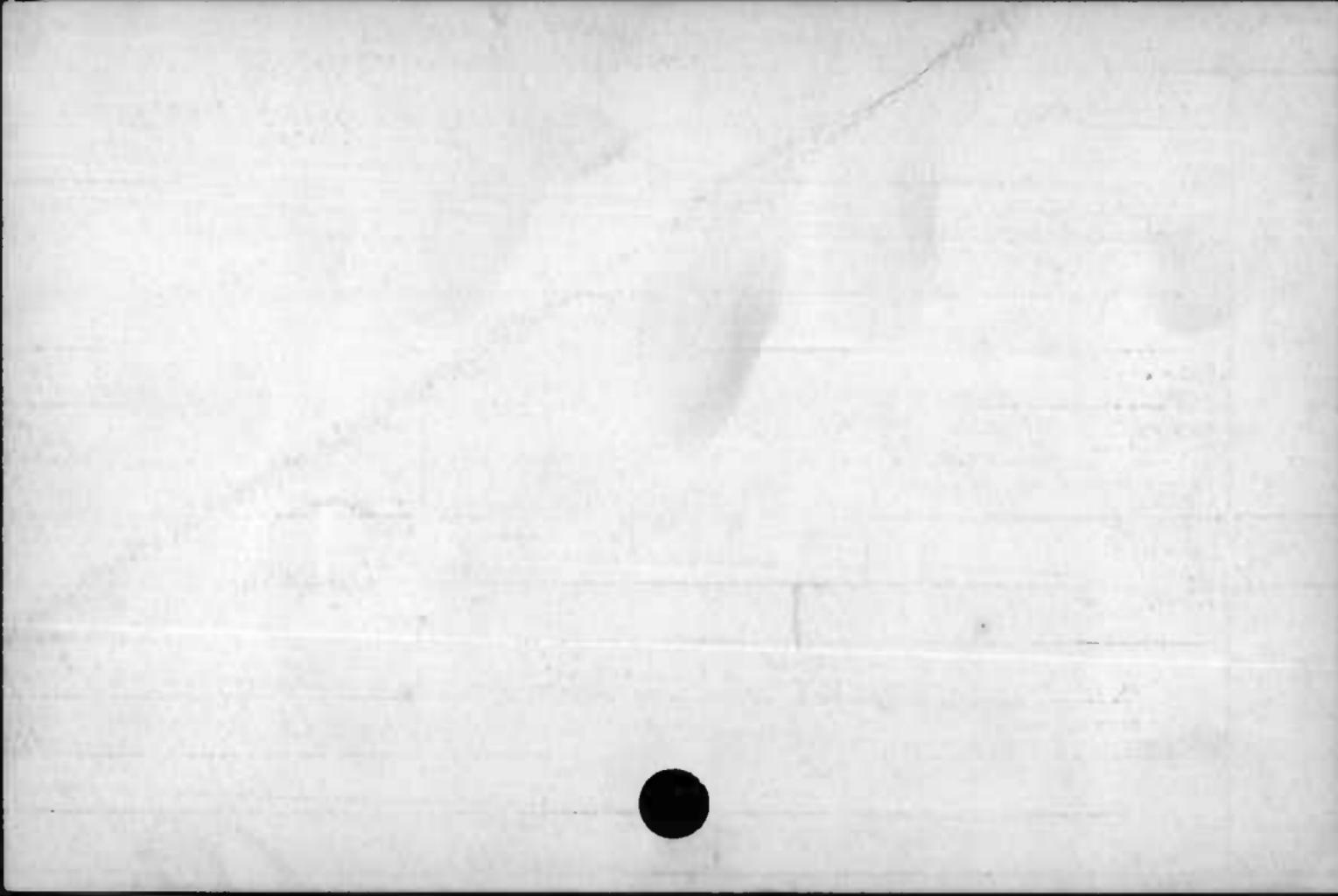
Address

Mrs. Scott

Hagerstown

PHYSICIAN
OR CORONER

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Unnamed child of Lewis & Rhoda Eichelberger				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Where Residing if not at place of death				
Occupation						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Lewis Eichelberger	Father's Birthplace	Md.			
Mother's Maiden Name	Rhoda Slavader	Mother's Birthplace	"			
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

150

How long

Primary

Hydrocephalus

Immediate

Dystocia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Theo. Brown,
Hagerstown
Md.

Accident or Suicide?



Name
in
Full

Alma J. Blaughen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Age	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	
Mother's Maiden Name	Mother's Birthplace		Mother's Maiden Name	Mother's Birthplace	
Name of person giving information	How related to deceased				

Buenavista Washington County

1908 Feb. 9 9 - 6 -

Female White Buenavista

Infant home

Single W. A. Blaughen Frederick Co.

Minerva L. Wachter " "

Theodore Dodge As

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Broncho-pneumonia

How long

7 days

Immediate

Broncho-pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

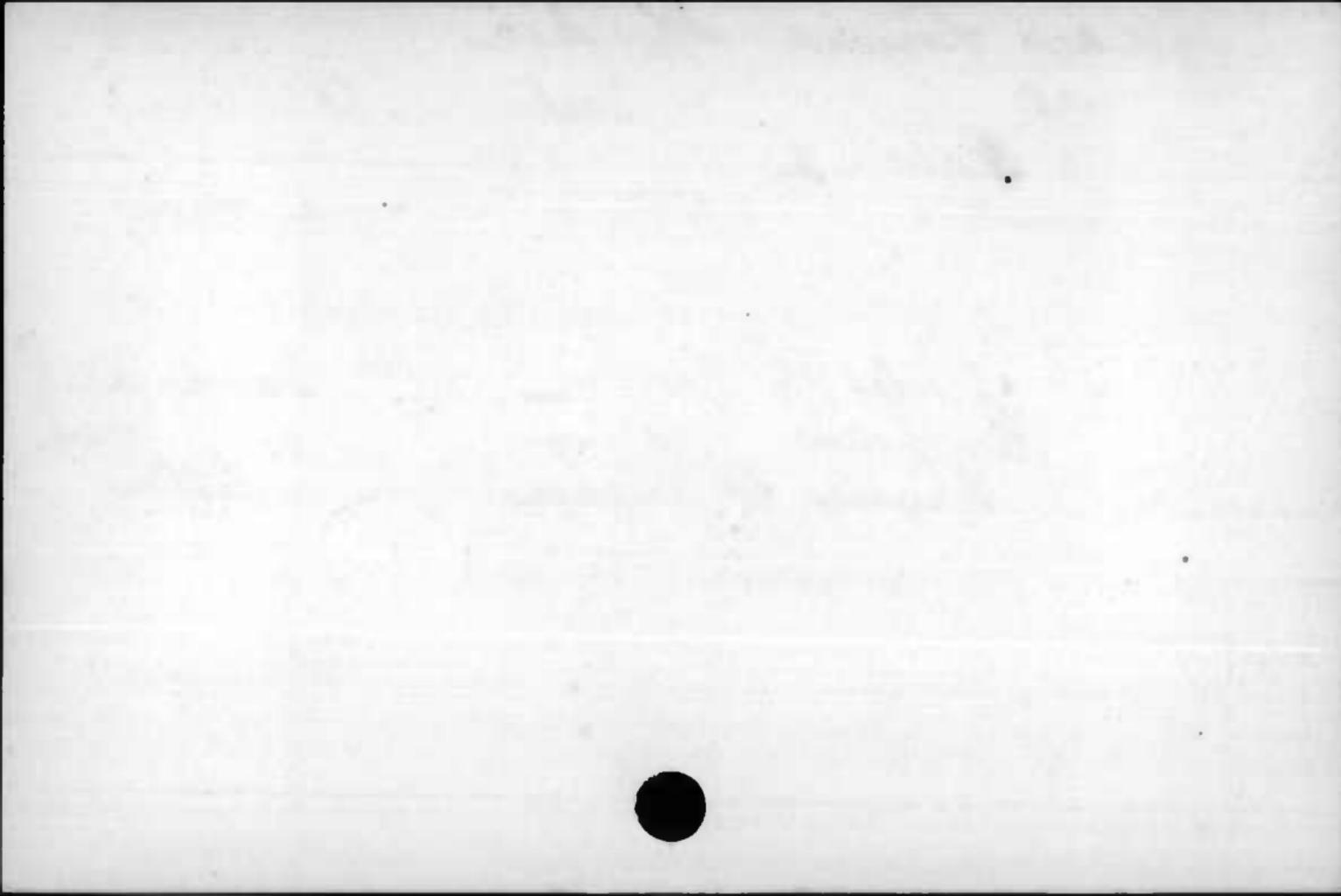
yes

Signature of Physician

E. L. Wachter
Sabillasville
Maryland

Address

Accident or Suicide?



Name
in
Full

May Louise Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death 1908	Month Feb	Day 2	Years 0
Sex Female	Color or Race White	Birth-place Halfway	Months — Days —
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Kemp Mill
Father's Name	Charles H. Fisher	Mother's Birthplace	in The Neck
Mother's Maiden Name	Katherine Martin	How related to deceased	Father
Name of person giving information	Charles H. Fisher	(S)	

CAUSES OF DEATH

Primary

Stillborn

How long

—

Immediate

—

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes.

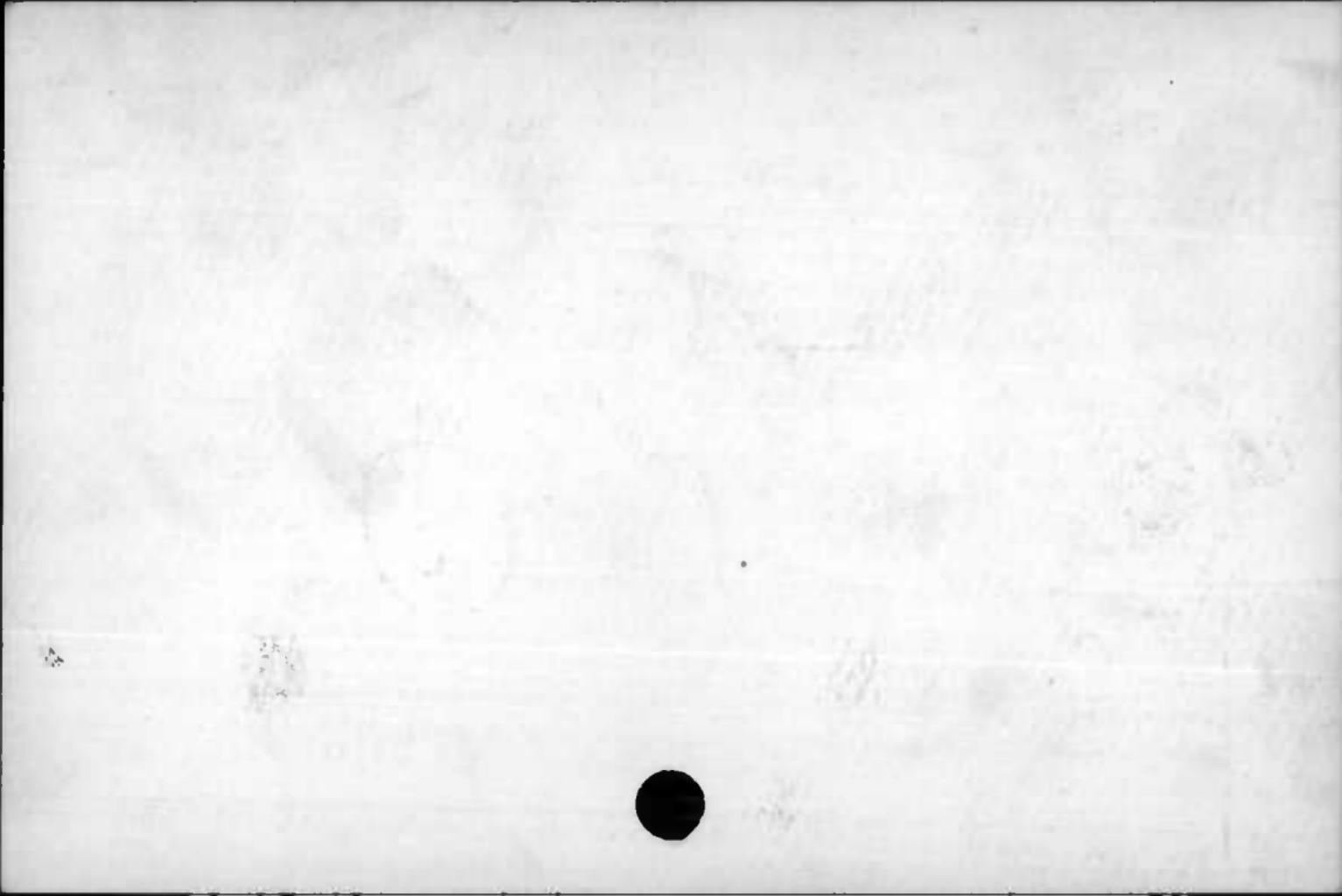
Signature of Physician

Address

Dr. Richard G. Williams
Williamsport, Md.

Accident or Suicide?

no.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John P Gray

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Mary A Gray			
Father's Name	John Gray		Father's Birthplace md			
Mother's Maiden Name	Mary Sluyce		Mother's Birthplace md			
Name of person giving Information	Mary Gray		How related to deceased Wife			

CAUSES OF DEATH

45-

How long

6 mos

How long

2 mos

Primary Osteosarcoma of Femur

Immediate Metastasis with exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

BMDayanee
Hagerstown

Accident or Suicide?

~~699~~ 699
Beaver Creek

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Frederick Haynes

Died at Hagerstown

Town

County

MARYLAND

Died et

Month

Day

Years

Months

Days

Date
of death 1908

Age

6

6

2

2

6

6

Sex Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Eurd J. Haynes

Father's
Birthplace

Md

Mother's
Maiden Name

Martha E. Willman

Mother's
Birthplace

Md

Name of person giving
Information

Eurd J. Haynes

How related
to deceased

Father

CAUSES OF DEATH

92

Primary

Broncho-pneumonia

How long

9 days

Immediate

Respiratory failure

How long

1 day.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Mary A. Laughlin M.D.

Accident or Suicide?

Rohresville Md

Name

In

Full

Still born child of Otis & Bessie Hendrickson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND		
Died at Hagerstown	Month 2	Day 15	Age	Years	Months	Days
Sex male	Color or Race white	Birth-place Md.				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed single	Name of Wife or Husband					
Father's Name Otis Hendrickson	Father's Birthplace Va					
Mother's Maiden Name Bessie Henry	Mother's Birthplace "					
Name of person giving information Otis Hendrickson	How related to deceased Father					
CAUSES OF DEATH						
Primary Still Born —	How long (?)					
Immediate (3)	How long (?)					

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address
Accident or Suicide?	n	R. Preston Miller	
		Hagerstown	
		Md	



Celia E. Heines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Bowensboro	Washington			10		14
Date of death	Month	Day	Age	Years	Months	Days
1908	July	1	31			
Sex	Color or Race	Birth-place				
Male	White	Bowensboro				
Occupation	Where Residing if not at place of death		Bowensboro			
Merchant	Widie Holtz		Bowensboro			
Married, Single or Widowed	Name of Wife or Husband					
Married	Widie Holtz					
Father's Name	Father Birthplace		Bowensboro			
Geo. H. Heines	Bowensboro					
Mother's Maiden Name	Mother's Birthplace		Bowensboro			
Pseudewa E. Stronge	Bowensboro					
Name of person giving information	How related to deceased		Father			
Geo. H. Heines						
CAUSES OF DEATH						
Primary			178		How long	
Immediate	Collapse, Heart Failure.				Sudden.	

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. L. Bent made,
Bowensboro, Ind.

Accident or Suicide?





Name
in
Full

Jared W. Hinnes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	At home			
Father's Name	Samuel Hinnes		Father's Birthplace	Washin Co	
Mother's Maiden Name	Eliza Grinnell		Mother's Birthplace	Washin Co	
Name of person giving information	wife		How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mitral Regurgitation

79

How long

Several years.

Immediate Aclerema

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

yes

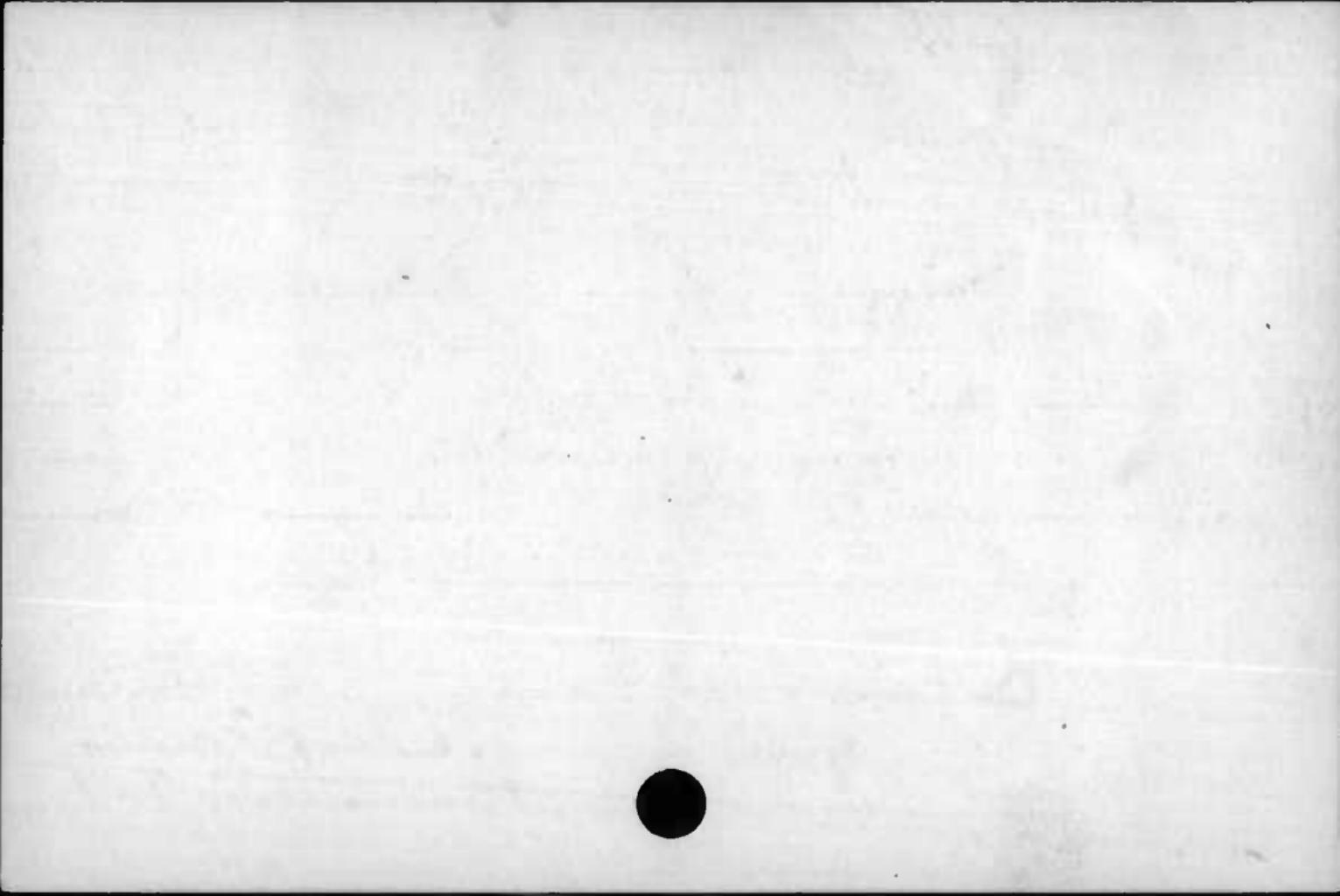
Signature of Physician

Arthur L Bleeding
Brunswick

Address

Accident or Suicide?

No



Name
in
Full

Paul Leurie dit le Jeune

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Guy Holzman		Father's Birthplace	Md	
Mother's Maiden Name	Jeanie Wanger		Mother's Birthplace	Md	
Name of person giving Information	Guy Holzman		How related to deceased	Father	

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary

Scarlet Fever

How long

5 day.

Immediate

Exhaustion

How long

1

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. P. Muller

Address

Hagerstown Md

1

Accident or Suicide?

no

Leffouer
Salles

Name
in
Full

Still Born Child

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Near Broadfording		Washington			
Date of death	Month	Day	Year	Age	Months	Days
1908	July	24 th				
Sex	Male	Color or Race	white	Birth-place	Broadfording	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Amos W. Fornst-		Father's Birthplace	Maryland		
Mother's Maiden Name	Sallie Martin		Mother's Birthplace	Maryland		
Name of person giving information	Amos W. Fornst		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still Born How long 0

Immediate How long 0

Are the name, age, sex, color, date and place correctly given above?

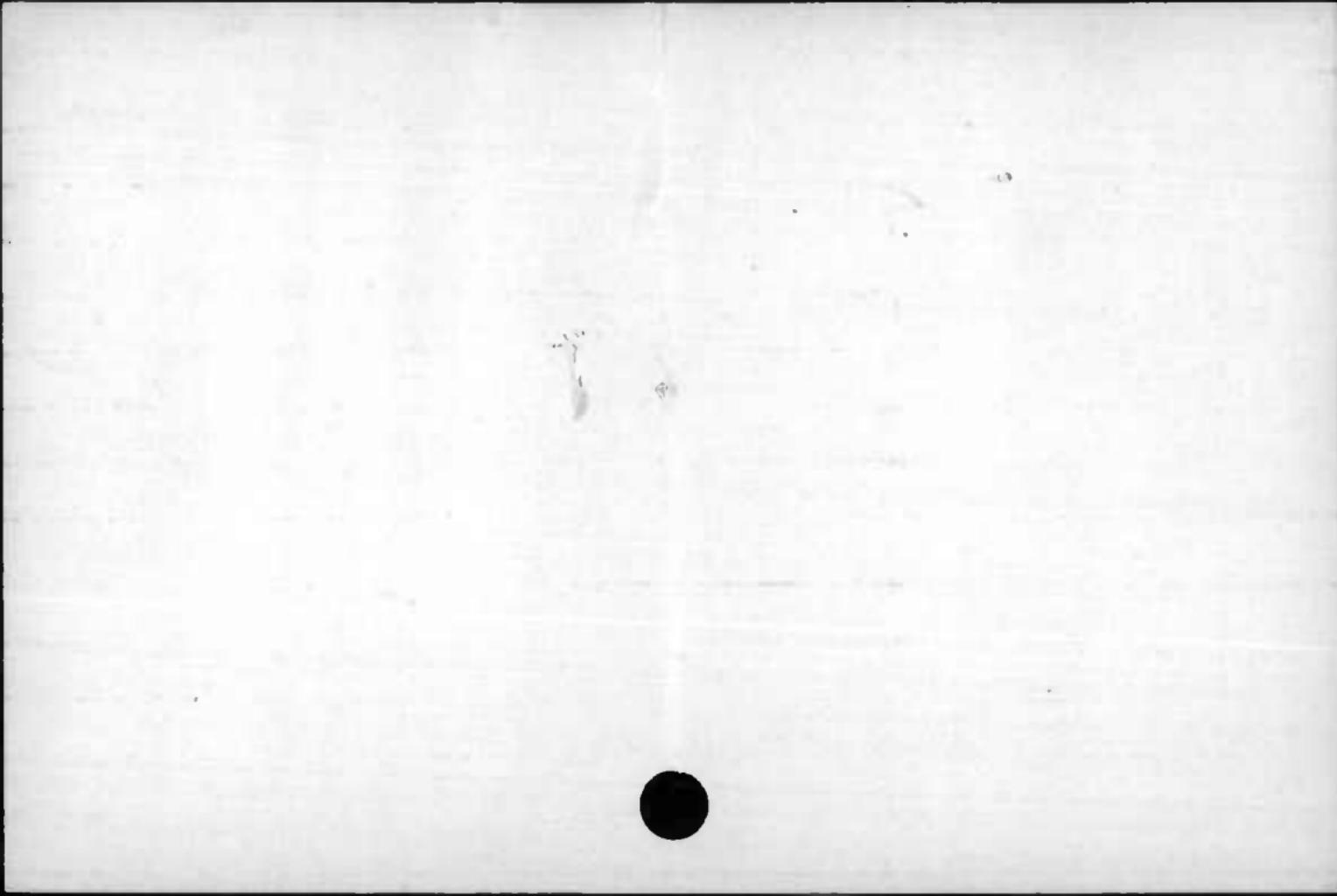
yes

Signature of Physician

D.C.R. Miller, M.D.
McDonald & Dickey
Pac.

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sophia Jennings

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	2	23	90		6	27	
Sex	Female	Color or Race	White		Birth-place	Samplcs Harbor	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Samuel Jennings		Father's Birthplace	Pa	
Father's Name	Henry Nichols				Mother's Birthplace	Md	
Mother's Maiden Name	Mary Houser				How related to deceased	Son	
Name of person giving Information	Samuel Jennings						

CAUSES OF DEATH

91

Primary

Chronic Bronchitis

How long

Immediate

Bronchorrhea

How long

Are the name, age, sex, color, date and place correctly given above?

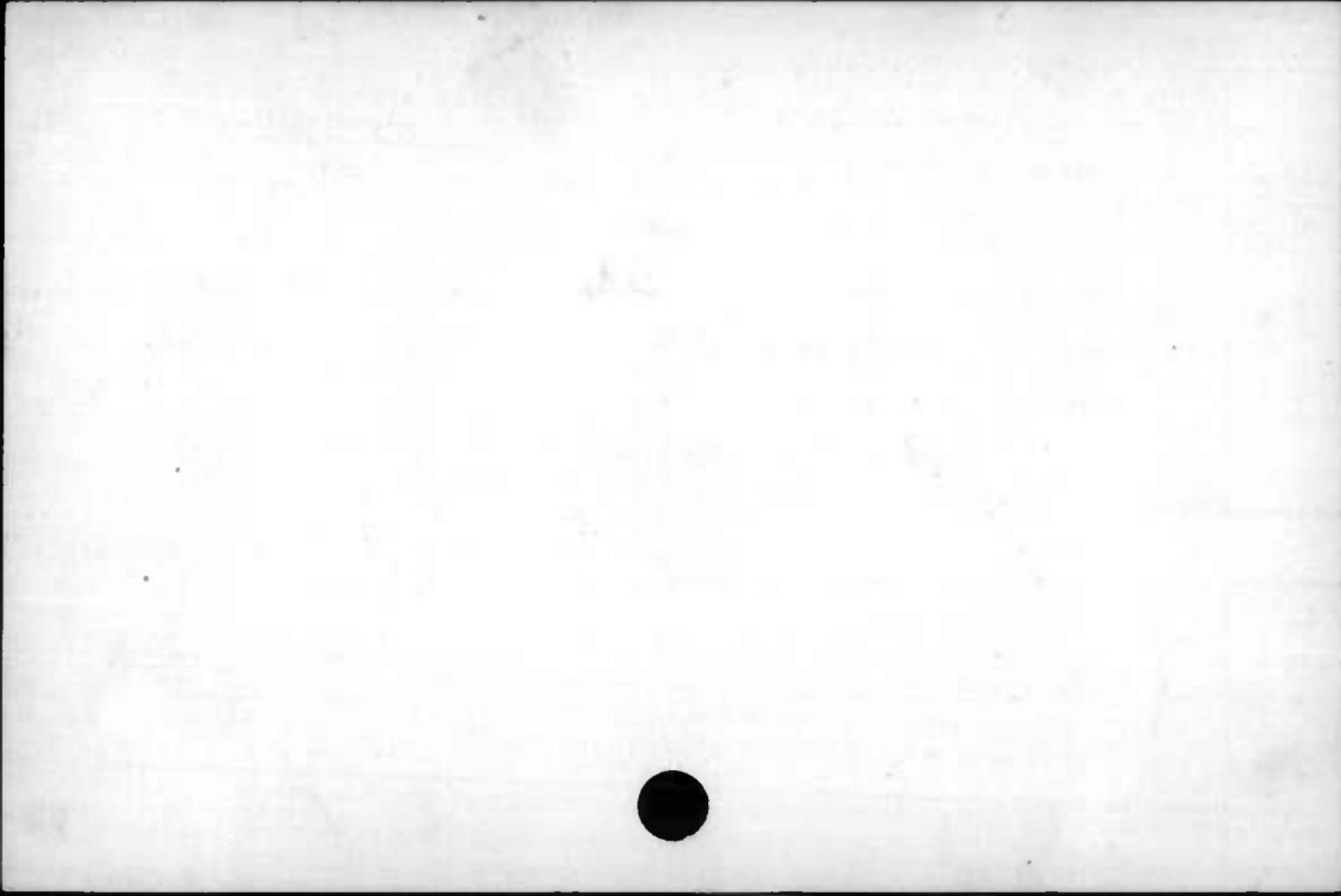
Yes

Signature of Physician

Address

J. J. Youstee
Brownsville Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

Jacob Lewis Jones

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Hagerstown

Wash

Date
of death

1908

Month

2

Day

6

Age

Years

59

Months

3

Days

15

Sex

single

Color or
Race

white

Birth-
place

Ind.

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Florence Jones

Father's
Name

Samuel Jones

Father's
Birthplace

Md.

Mother's
Maiden Name

Hettie

Mother's
Birthplace

"

Name of person giving
Information

Florence Jones

How related
to deceased

wife.

CAUSES OF DEATH

120

How long

Primary

Nephritis

Immediate

Cardiac Failure

Sudden

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. D. Campbell

Address

418 N. Washington St
Hagerstown Md.

Accident or Suicide?

Smithsburg

Name
in
Full

Leonard Albertus Jordan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Unmarried			
Father's Name	Harry G. Jordan			Father's Birthplace	W. Va
Mother's Maiden Name	Mollie Stauffer			Mother's Birthplace	MD
Name of person giving information	Harry G. Jordan			How related to deceased	Father

CAUSES OF DEATH

151

How long

life time

How long

PHYSICIAN
OR CORONER

Primary

Debility

Immediate

Maasmus

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

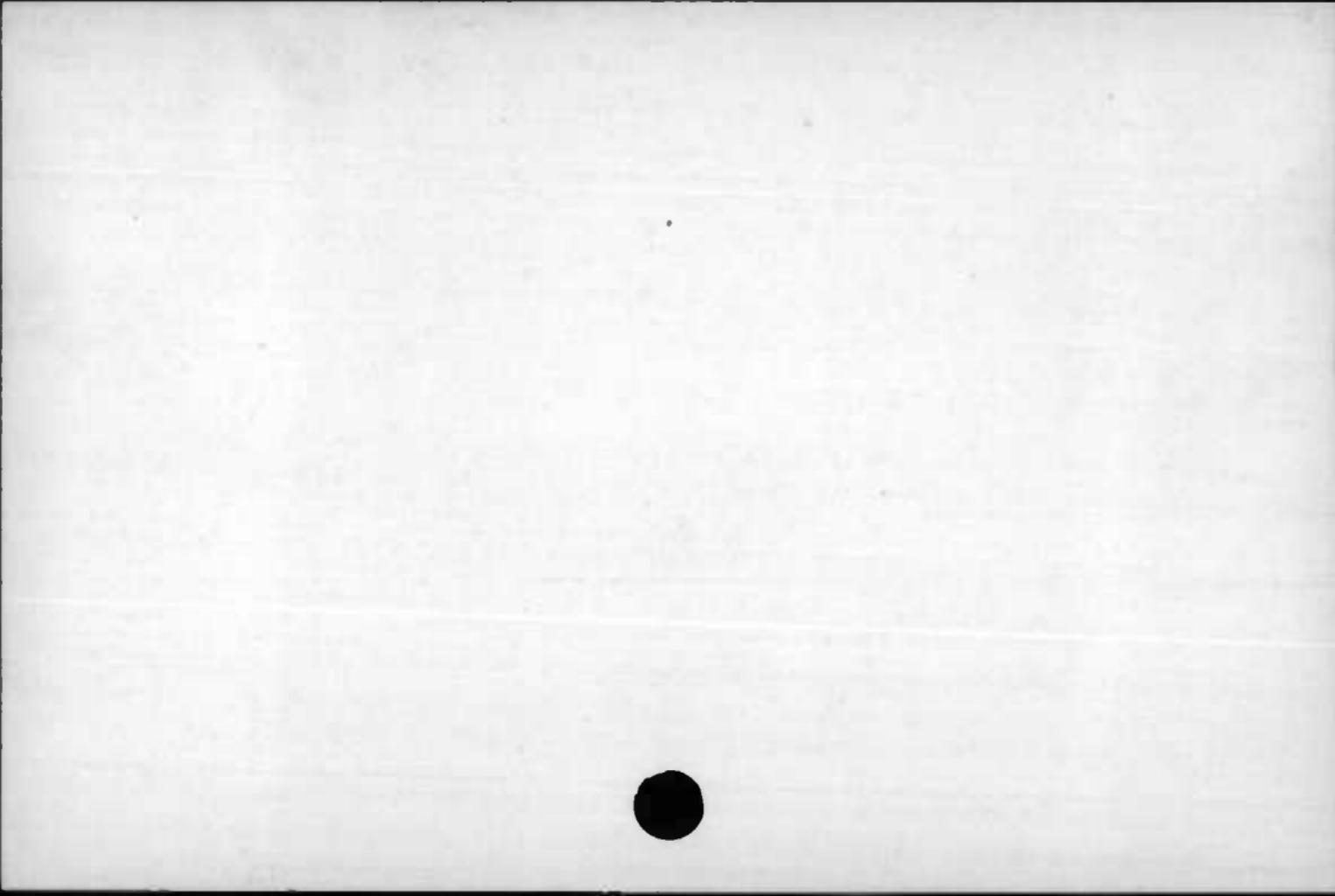
Address

B.M. Reichard

Fairplay.

I

Accident or Suicide?



Name
in
Full

Lavinia Keats

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birthplace			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife Husband	Father's Birthplace			
Father's Name	Dont Know (Evans)				
Mother's Maiden Name	Hannah Scowall	Mother's Birthplace	Rohrsville		
Name of person giving information	Mrs J. F. Karedy	How related to deceased	None		

CAUSES OF DEATH

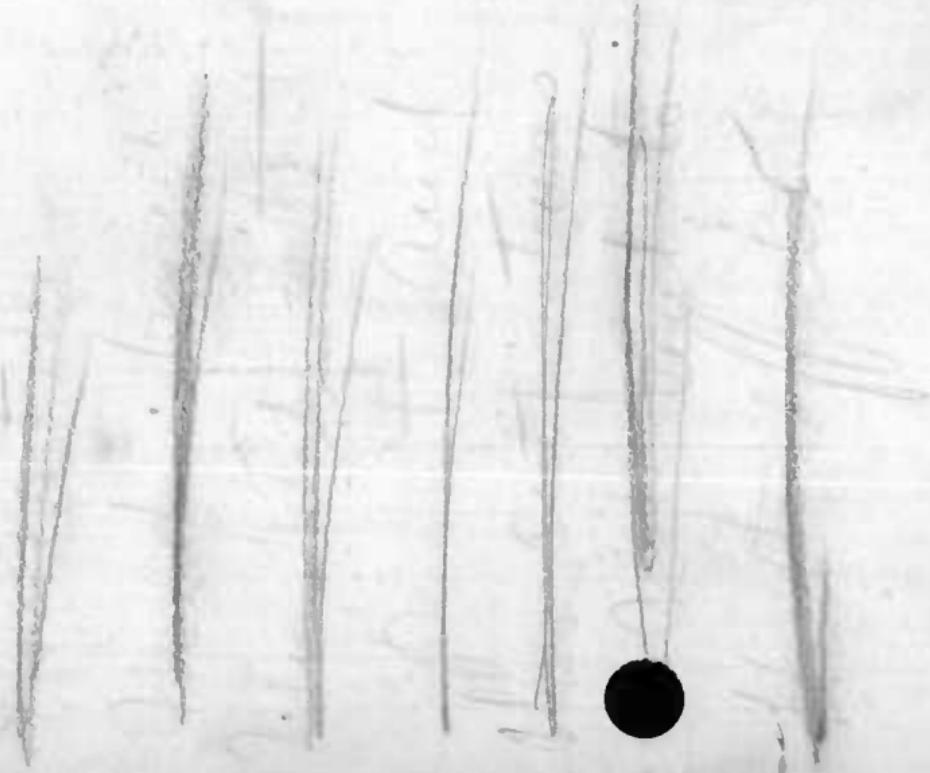
43

How long

How long

PHYSICIAN
OR CORONER

Primary	Dont know	
Immediate	Mammary Cancer	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
H. M. Lohiser Keadyville Md		
Accident or Suicide		



Name
in
Full

Raymond Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Halfway

Town

County

MARYLAND

Date of death 1908

Month

Day

Years

Months

Days

21

-

2

10

Sex Male

Color or Race

White

Birth-place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Casper Kennedy

Father's Birthplace

Na

Mother's Maiden Name

Marguerite Caffer

Mother's Birthplace

md

Name of person giving
Information

Casper Kennedy

How related
to deceased

Father

CAUSES OF DEATH

61

How long

3 wks -

Primary

Broncho Pneumonia

Immediate

Meningitis (Cerebral)

How long

3 days -

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

R. M. Webb,
Hagins farm
md -

H

Accident or Suicide?

Gordon
Rene Bell

Name
in
Full

Elizabeth T. Keras

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1908	Month Feb	Day 5	Age 77	Years	Months 11	Days 5
Sex Female	Color or Race Colored	Birth-place Old Town Md				
Occupation Housekeeper	Where Residing if not at place of death Newington, D.C.					
Married, Single or Widowed Widow	Name of Wife or Husband David Keras Dec'd					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

79

How long

one year
but deep

How long

Mr Richardson
Williamsport

PHYSICIAN
OR CORONER

Primary

Dropsy & Heart trouble

Immediate Prostration

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Accident or Suicide?

29 cards in
This Pack

Name
in
Full

Jerome E King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Washington		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Sept	8	73	11	28	
Sex	Male	Color or Race	White	Birth-place	Kemp's Mill	
Occupation	Carpenter		Where Residing if not at place of death	Williamsport.		
Married, Single or Widowed	Widower	Name of Wife or Husband	Rachael A Shook Decd			
Father's Name	Christian King		Father's Birthplace	Kemp's Mill		
Mother's Maiden Name	Catharin	McBoy	Mother's Birthplace	Carrollton, Md		
Name of person giving Information	Addie E. Shook		How related to deceased	Daughter		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary 'Valvular Heart Diseases

Hour long

Yes -
few hrs -

Immediate Perdura

How long

From M. Wertz -
Hagerstown - Md

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?

3

Name
in
Full

James M. Little

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Clearspring Md			
Father's Name	Clearspring			Father's Birthplace	Pa
Mother's Maiden Name	Clearspring			Mother's Birthplace	Pa
Name of person giving Information	John Ensminger,			How related to deceased	Nephew,

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

15 mins

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

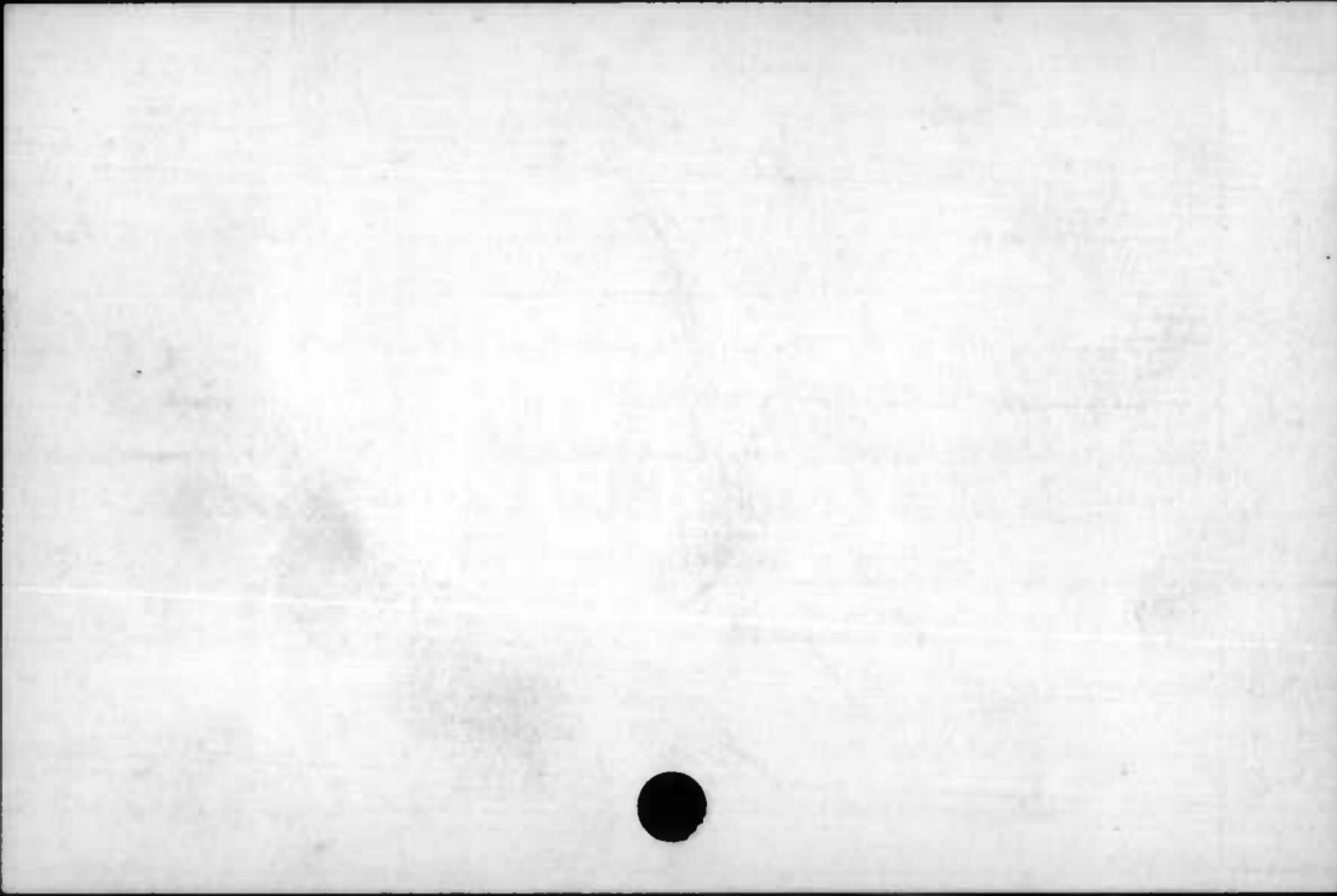
Signature of
Physician

Address

Chas J. Mason

Clearspring
Md

Accident or Suicide?



Name
in
Full

Elizabeth Mc Kee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Lititzburg Washington

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908 Feb.

26

72

1

28

Age

Sex
Occupation

Color or
Race

Birth-
place

Femal

White

Penns

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of wife or
Husband

married Thomas Mc Kee

Father's
Name

Peter Fahoney

Father's
Birthplace

Penns

Mother's
Maiden Name

Elizabeth Ernest

Mother's
Birthplace

Maryland

Name of person giving
Information

Albert Mc Kee

How related
to deceased

Son

CAUSES OF DEATH

66

Primary

Paralysis

How long

18 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. H. Nishard
Lititzburg
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

Thomas M. O'Leary

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Died at	Snaketown	Washington			
Date of death	Month	Day	Years	Months	Days
of death	1908	2	11	January	30
Sex	Male	Color or Race	White	Birth-place	unknown.
Occupation	Taborer.				
Married, Single or Widowed	Widow	Name of Wife or Husband	Unknown.		
Father's Name	Unknown.				
Mother's Maiden Name	Unknown.				
Name of person giving information	"				

CAUSES OF DEATH

170

How long

How long

PHYSICIAN
OR CORONER

Primary

Exposure & (Freezing)

Immediate

Exposure & (Freezing)

Are the name, age, sex, color, date and place correctly given above?

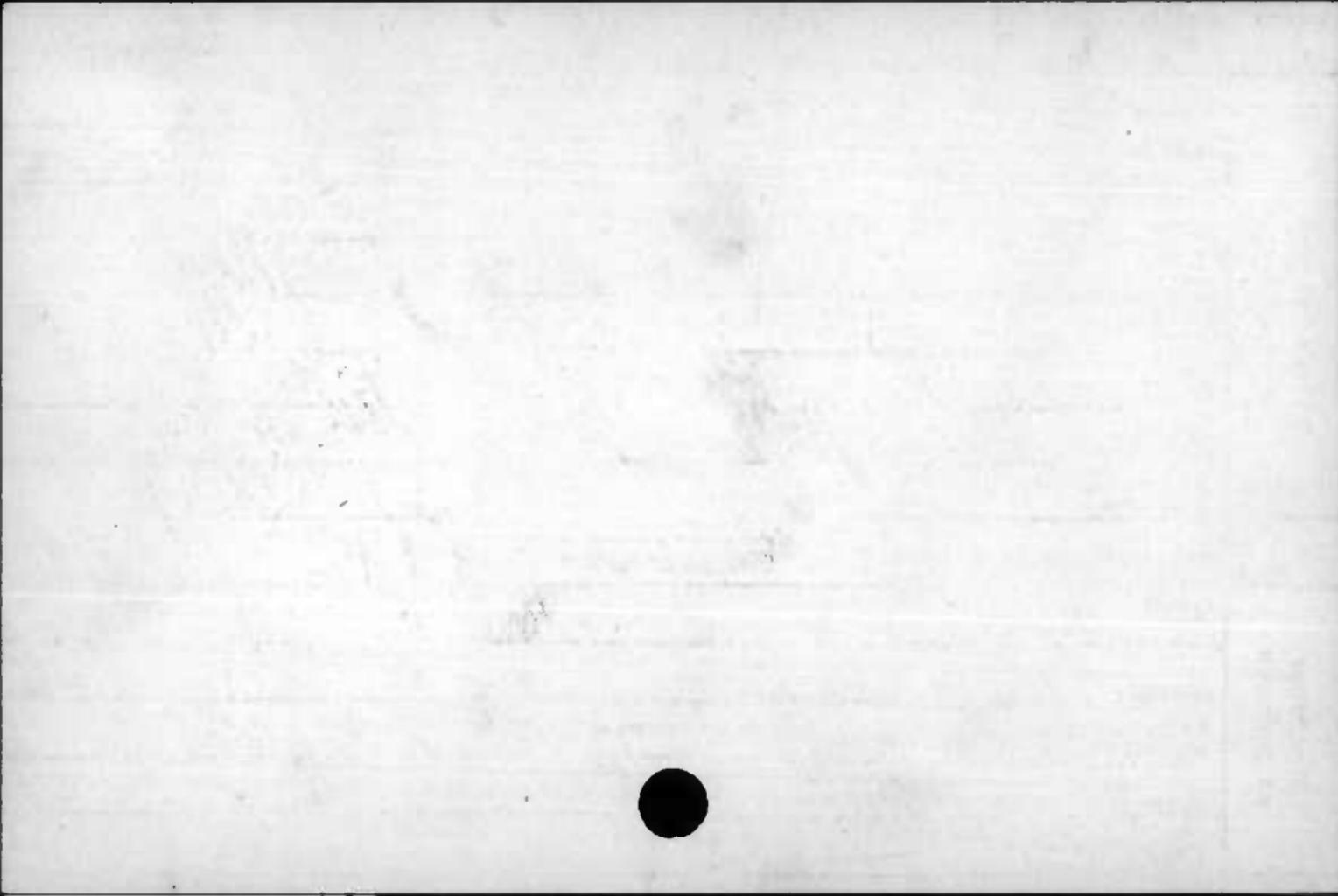
Signature of Physician

Address

Guest of Hoffman
Hagerstown Md
J.P. acting Coroner



Accident or Suicide?



Name
In
Full

Noah E Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Panidice	Washington	
Date of death	Month	Day	Years
1908	2	8	Age 1
Sex	Color or Race	Birth-place	Days
Male	W	Panidice	19
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Noah E Martin	Father's Birthplace	Wash. Co nd
Mother's Maiden Name	Hannay B Eshleman	Mother's Birthplace	W. Co
Name of person giving information	Noah E Martin	How related to deceased	Father
CAUSES OF DEATH			
Primary	93		
Primary	Pneumonia	How long	1 day
Immediate	Rövulcrosis	How long	6 hours

PHYSICIAN
OR CORONER



Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

VERMILLION H. D.

Address

Private & Diagonal
Pac.

Accident or Suicide?

Paradise

Name
in
Full

Henry Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Big Pool</u>		County <u>Washington</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>about 12</u>	Years <u>about</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Unknown</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Big Pool</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband	Home known of .			
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>H. E. Funkhouser</u>	How related to deceased <u>Friend</u>				

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary

Unknown

Immediate

Unknown

Are the name, age, sex, color, date and place correctly given above?

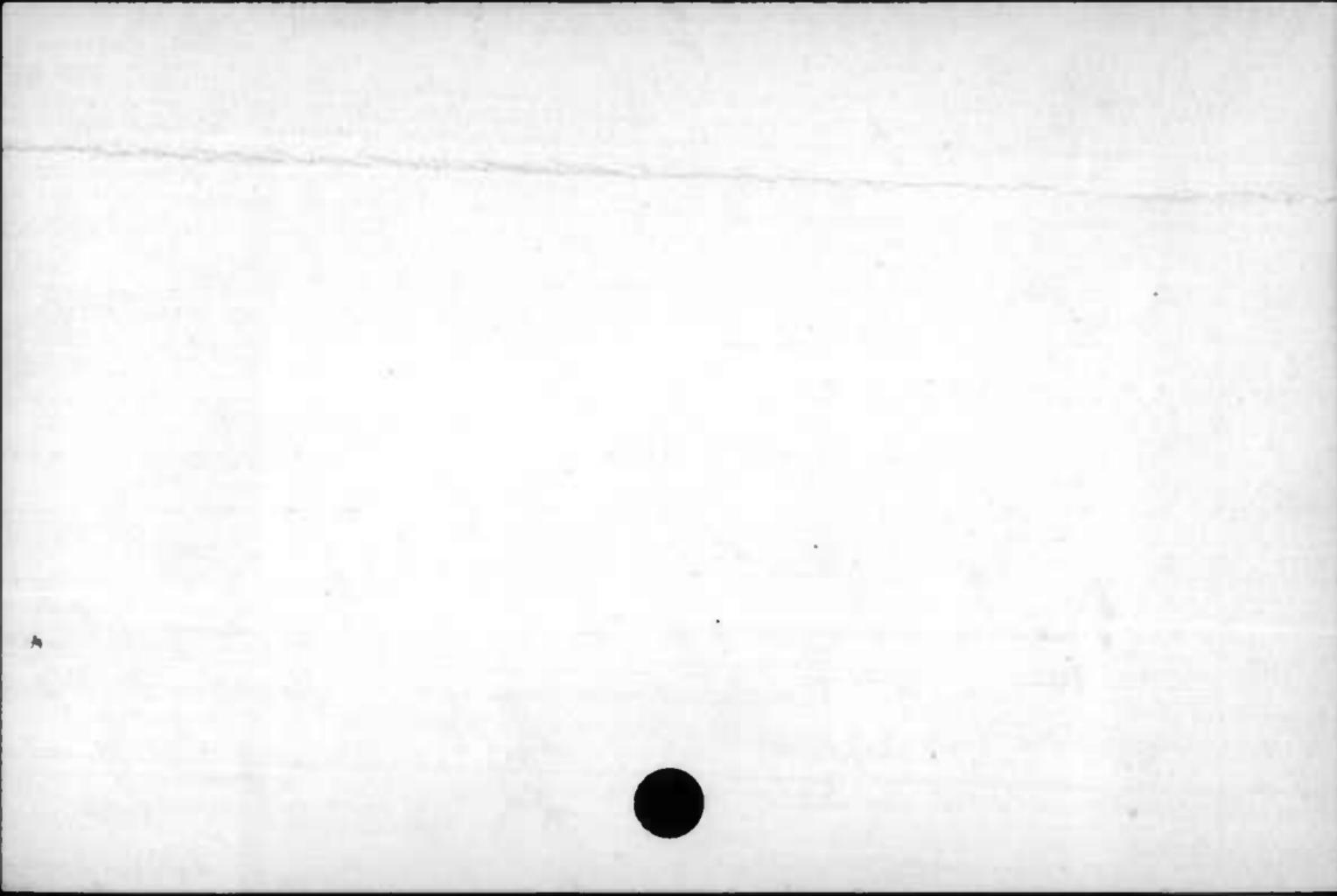
as this man was found dead, the above is only approximate.

Accident or Suicide?

Signature of Physician

Address

J P Perry
Clearspring
S. M. Rydzek



Name
in
Full

Goldie May Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Age
Sex	Color or Race	White	Birth- place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Charles E Morgan		
Mother's Maiden Name	Saris A Blakely		
Name of person giving Information	Mother		

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

6 months

Immediate

Heart Failure

How long

2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

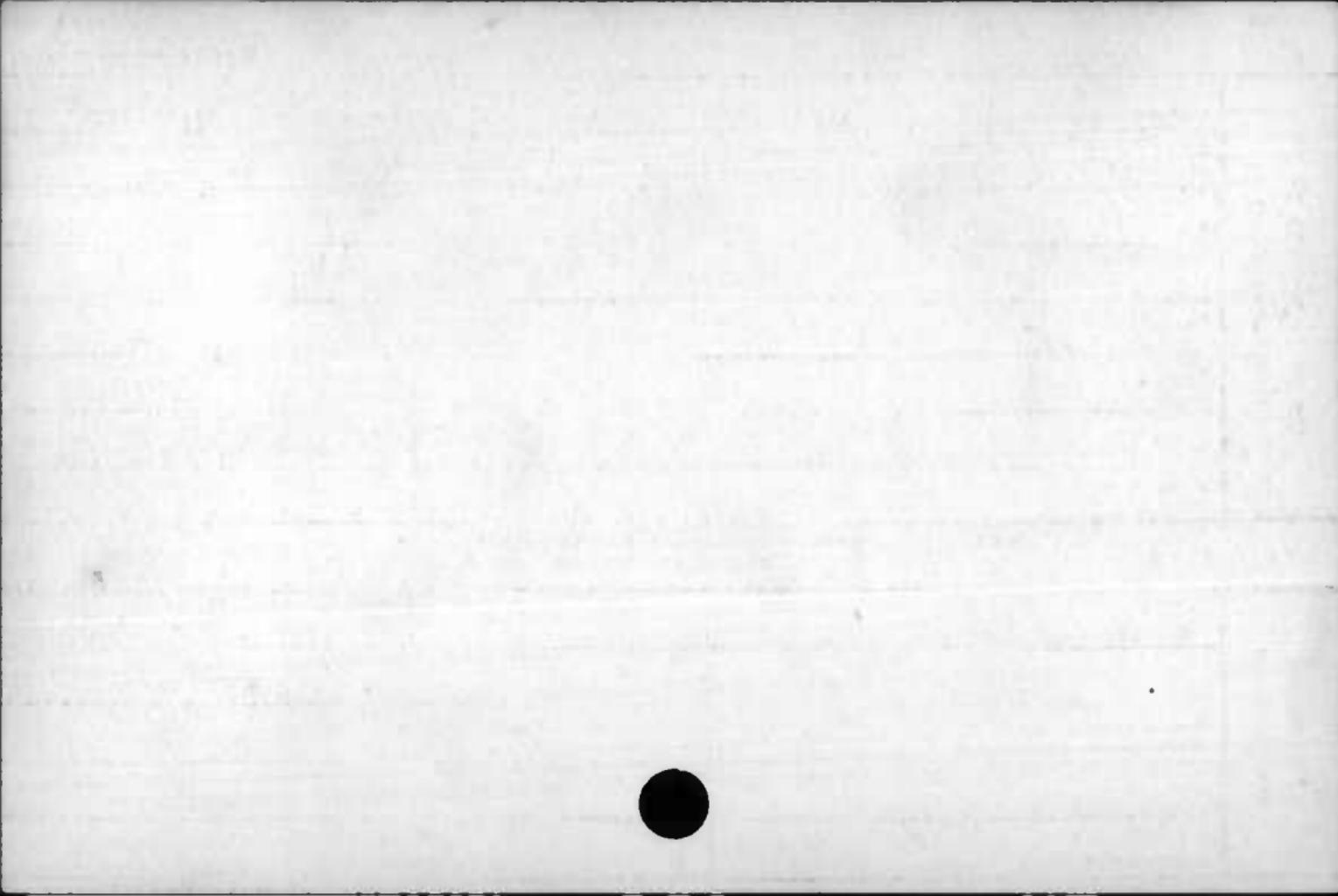
Signature of
Physician

Address

S.W. Unstot

Hagerstown
Md

Accident or Suicide?



Name
in
Full

Andrew E Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth- place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charles A Morris					Father's Birthplace
Mother's Maiden Name	Myrtle Paffenberger					Mother's Birthplace
Name of person giving Information	Charles Morris					How related to deceased

CAUSES OF DEATH

9

Primary

Diphtheria

How long

3 days

Immediate

Toxemia

How long

, day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Mormonson
Hagerstown Md

Accident or Suicide?

no

Cear from me,

Name
in
Full

Henry C. Mununa

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	No. of Wife	Barbara Kedy Mununa		
Father's Name	Samuel Mununa				
Mother's Maiden Name	Barbara Hartzler				
Name of person giving information	H. C. Mununa, son				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Cardiac arrhythmia		How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
			Address
Accident or Suicide?	E. O. Warkam Highmeadow Md.		

Shapisbury
Sister

Name
in
Full

Lola R. Murray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

near Town		County		MARYLAND		
Died at	Hancock	Washington	10	Months	29	Days
Date of death	1908	Month Feb.	Day 1	Years 23	Age	Birth-place
Sex	Female	Color or Race	White	Hancock Md		
Occupation	Wife (Invalid)		Where Residing if not at place of death	Died at Home		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	William L. Murray		Father's Birthplace	Hach Co Md		
Mother's Maiden Name	Johanna Mulcahy		Mother's Birthplace	Newfoundland		
Name of person giving Information	William L Murray		How related to deceased	Father		

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary

Ovaritis, appendicitis, paralysis, Hysterical

How long

15 years

Immediate

Diabetes Insipidus

How long

6 year

Are the name, age, sex, color, date and place correctly given above?

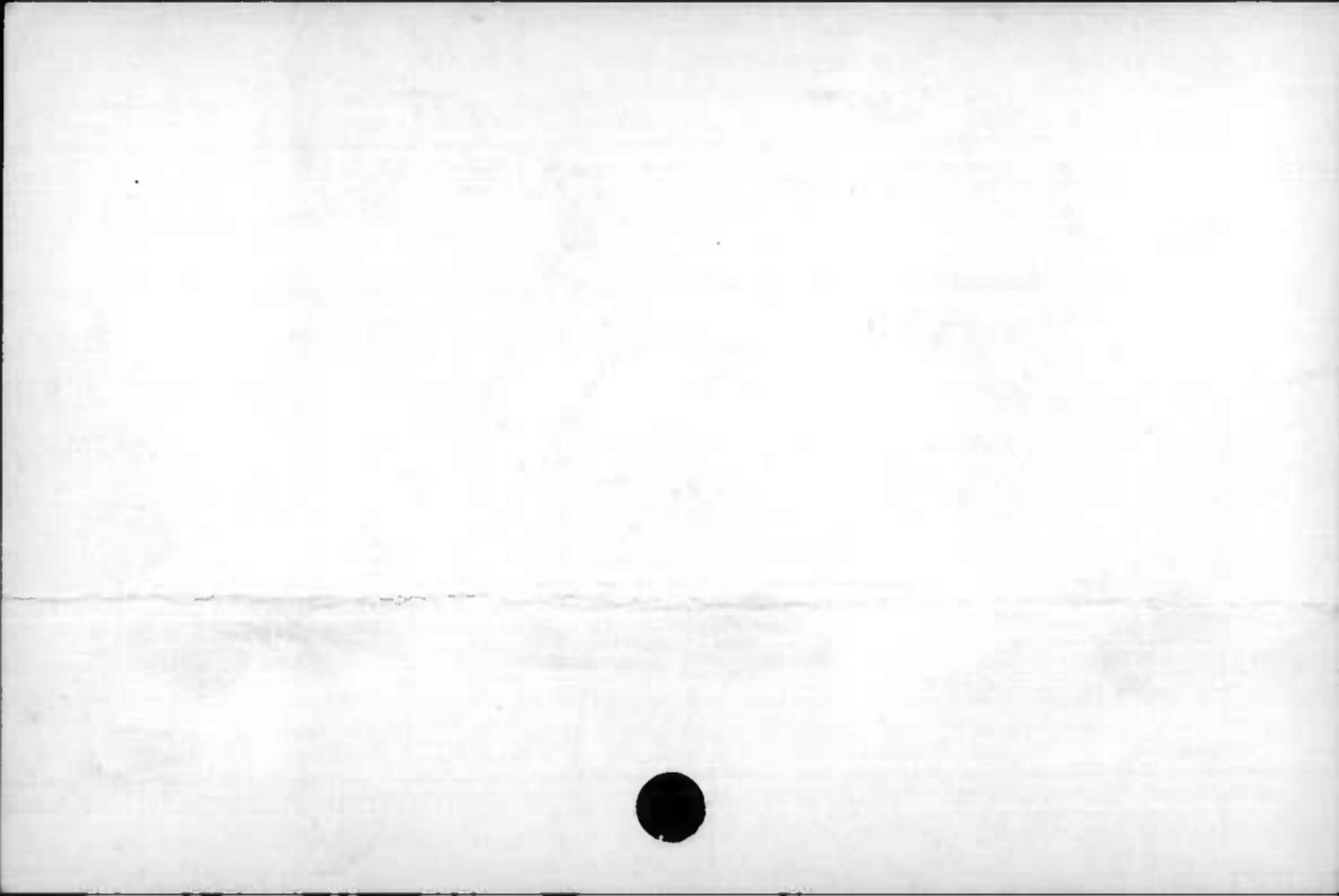
yes

Signature of Physician

Address

B. C. Tabler,
Hancock, Md.

Accident or Suicide?



Name
in
Full

Mary Catherine Neuse

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	Birth- place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Daniel Neuse	
Father's Name	George Cook			
Mother's Maiden Name	Mary Jane Ruthrauff			
Name of person giving Information	Mary Jane Ruthrauff			

27

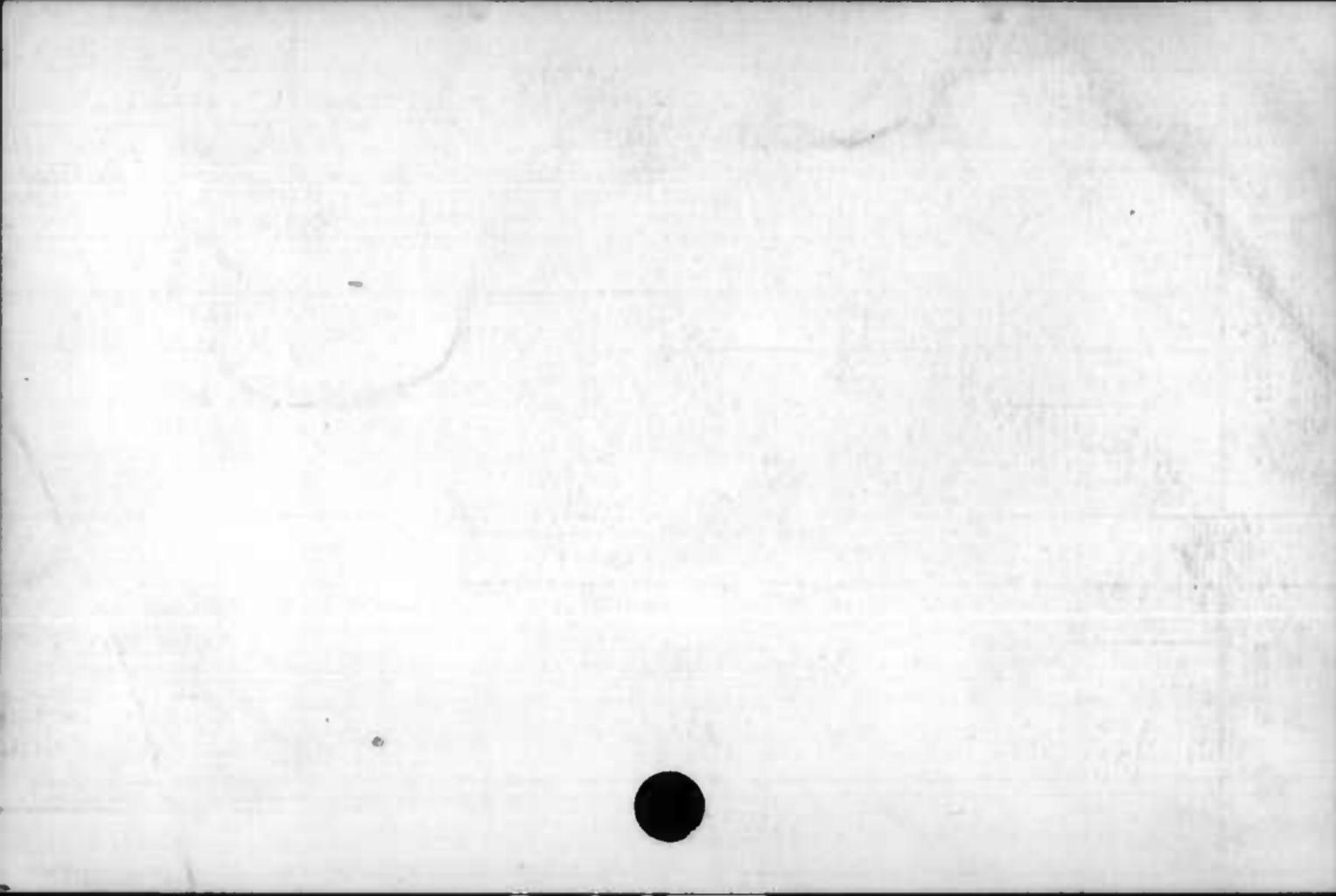
How long

2 yrs

How long

PHYSICIAN
OR CORONER

Primary	Pulm & Pulmon		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	McMinnson
		Address	Hagerstown Md.
Accident or Suicide?	no		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Kendallville Ind</u>		Town	<u>Washington</u>		County	MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>29</u>	Age <u>25</u>	Years <u>25</u>	Months <u>4</u>	Days <u>19</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth- place <u>Fred Co</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Kendallville</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Chrys C Nicodamus</u>			Father's Birthplace <u>Fred Co</u>			
Father's Name <u>Daniel Runder</u>					Mother's Birthplace <u>Fred Co</u>		
Mother's Maiden Name <u>Susan Brachley</u>					How related to deceased <u>Husband</u>		
Name of person giving Information <u>Chrys C Nicodamus</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

Eaten Coletes

106

How long

5 days

Immediate

Pectenitis

How long

9 "

Are the name, age, sex, color, date
and place correctly given above?

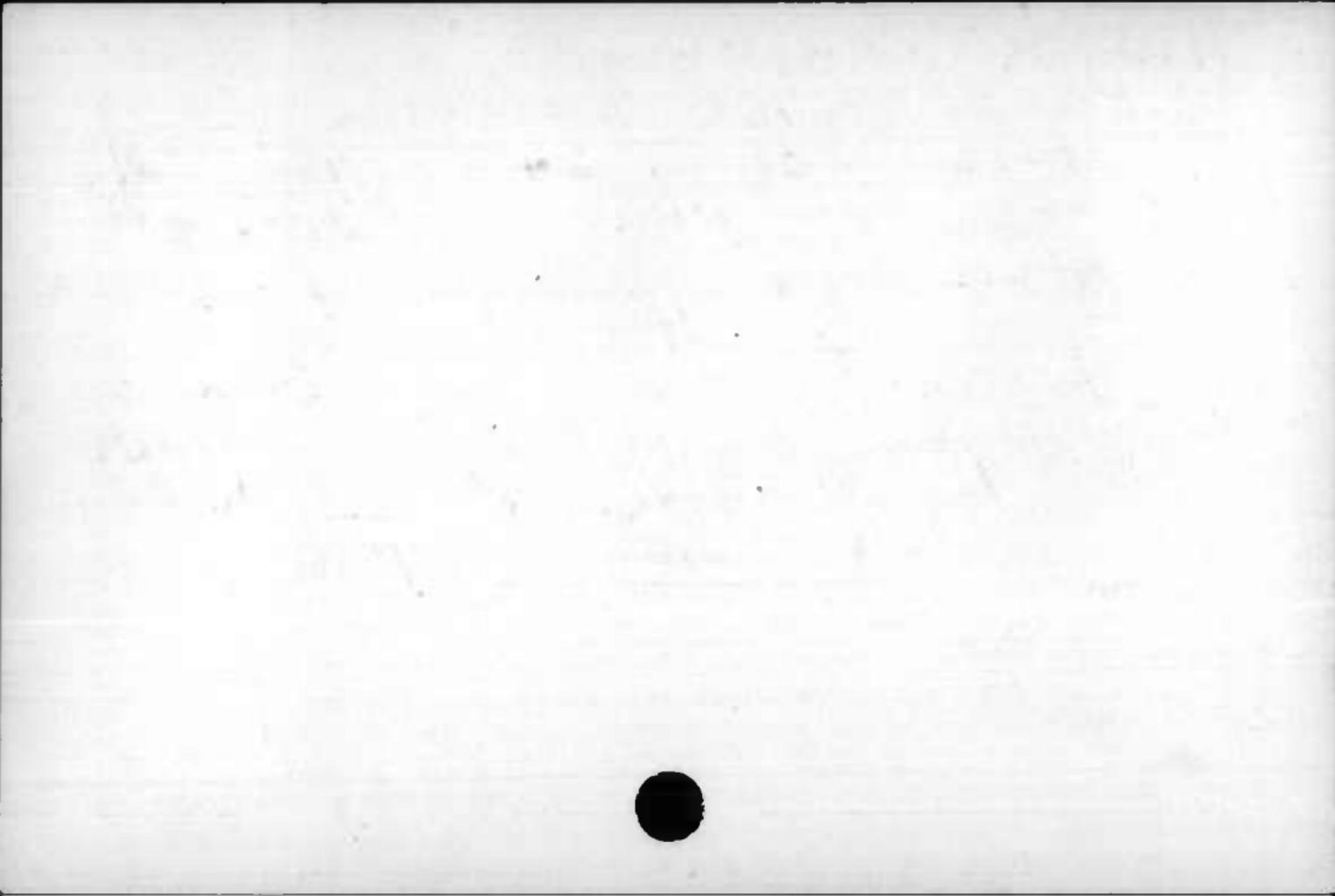
Yes

Signature of
Physician

Address

W. L. Atchison
Kendallville Ind

Accident or Suicide?



Name
in
Full

Catherine E. Nityell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Williamsport

County
Washington

MARYLAND

Date
of death

1908

Month

2

Day

26

Years

72

Age

Months

10

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Williamsport

Occupation

House Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

John. Nityell

Father's
Birthplace

Hagerstown

Father's
Name

George Albert

Mother's
Birthplace

Williamsport

Mother's
Maiden Name

Mary Herr.

How related
to deceased

Daughter

Name of person giving
Information

Eva. Greber

CAUSES OF DEATH

(67)

How long

3 yrs.

Primary

Arterio-Sclerosis -

How long

7 months

Immediate

Paresis.

Signature of
Physician

Ernest H. Gashas.

Address

Williamsport
Md.

PHYSICIAN
OR CORONER

H

Accident or Suicide?



Name
in
Full

David Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown		Town Hagerstown		County Maryland	
Date of death 1901	Month June	Day 6	Age 67	Years 1	Months 1
Sex Male	Color or Race White	Birth-place Hagerstown			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frederick Campbell		Father's Birthplace	Baltimore	
Mother's Maiden Name	Fox		Mother's Birthplace	Md	
Name of person giving Information	Biram Reddenous		How related to deceased	Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sagittarius

10

How long

Not known
only numbers

Immediate

Sagittarius

How long

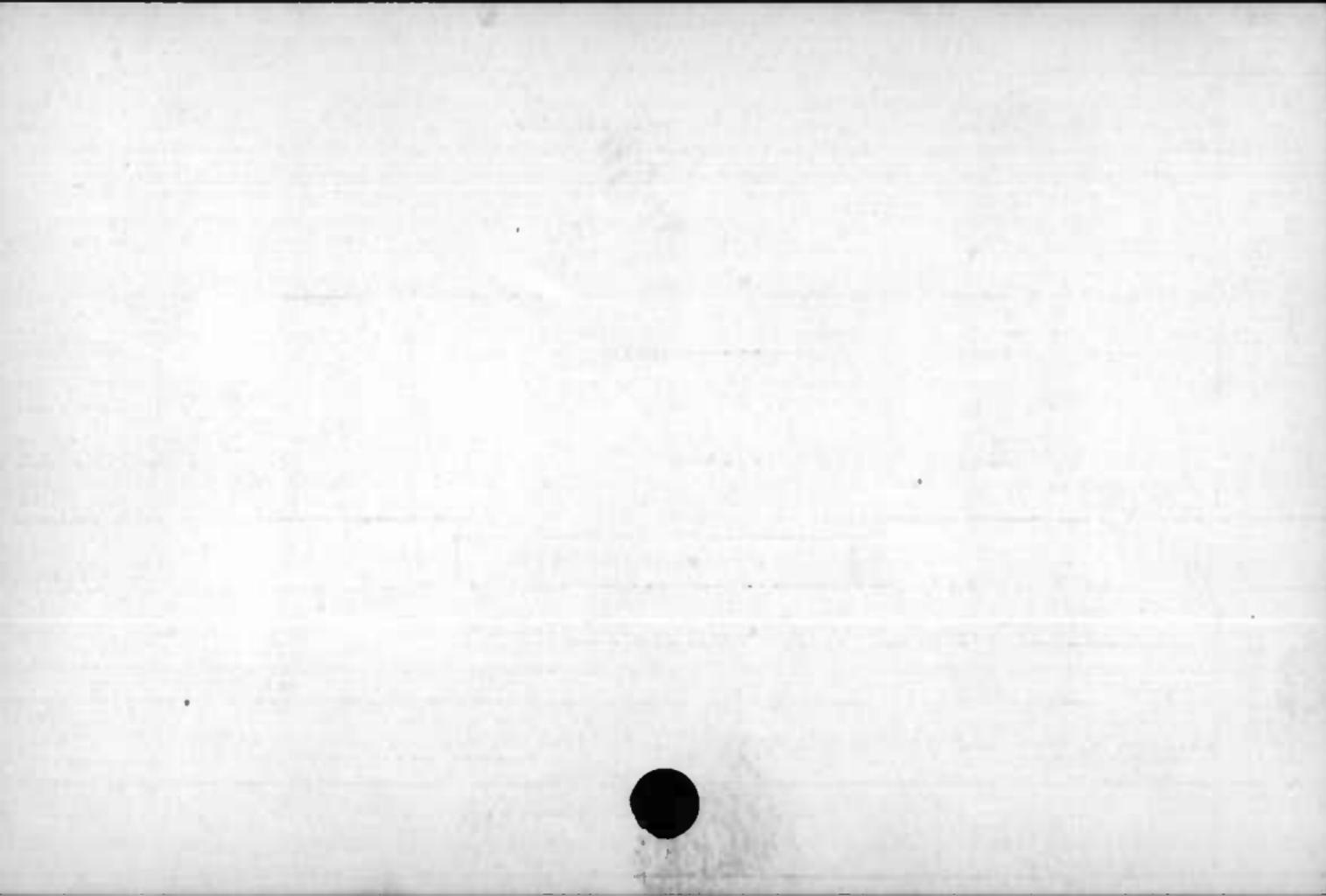
Are the name, age, sex, color, date, and place correctly given above?

Signature of Physician

Address

Ch R Pugh M.D.
Hagerstown Md

Accident or Suicide?



Name
In
Full

Paul Edgar Reeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Hagerstown	Town	County	MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Jack Reeder			Father's Birthplace	md	
Mother's Maiden Name	Nellie Langenderfer			Mother's Birthplace	md	
Name of person giving Information	Jack Reeder			How related to deceased	Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Cerebral Circumonia

How long

5 days

Immediate

Cardiac Failure

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yrs

Signature of
Physician

Address

Dr. W. W. Wiegman

Hagerstown, md

H

Accident or Suicide?

No

Coffman
Boston

Name
in
Full

William P Remsberg

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Dear Remsberg	Hagerstown			
Date of death	Month	Day	Years	Months	Days
1908	2	93	86	2	26
Sex	Color or Race	Birth-place			
Male	White	Virginia			
Occupation	Where Residing if not at place of death				
Retired Farmer					
Married, Single or Widowed	Name of Wife or Husband	Oliva Remsberg			
Married	Henry Remsberg	Father's Birthplace	Virginia		
Mother's Maiden Name	Catherine Colleent	Mother's Birthplace	Virginia		
Name of person giving information	Gene Remsberg	How related to deceased	Son		

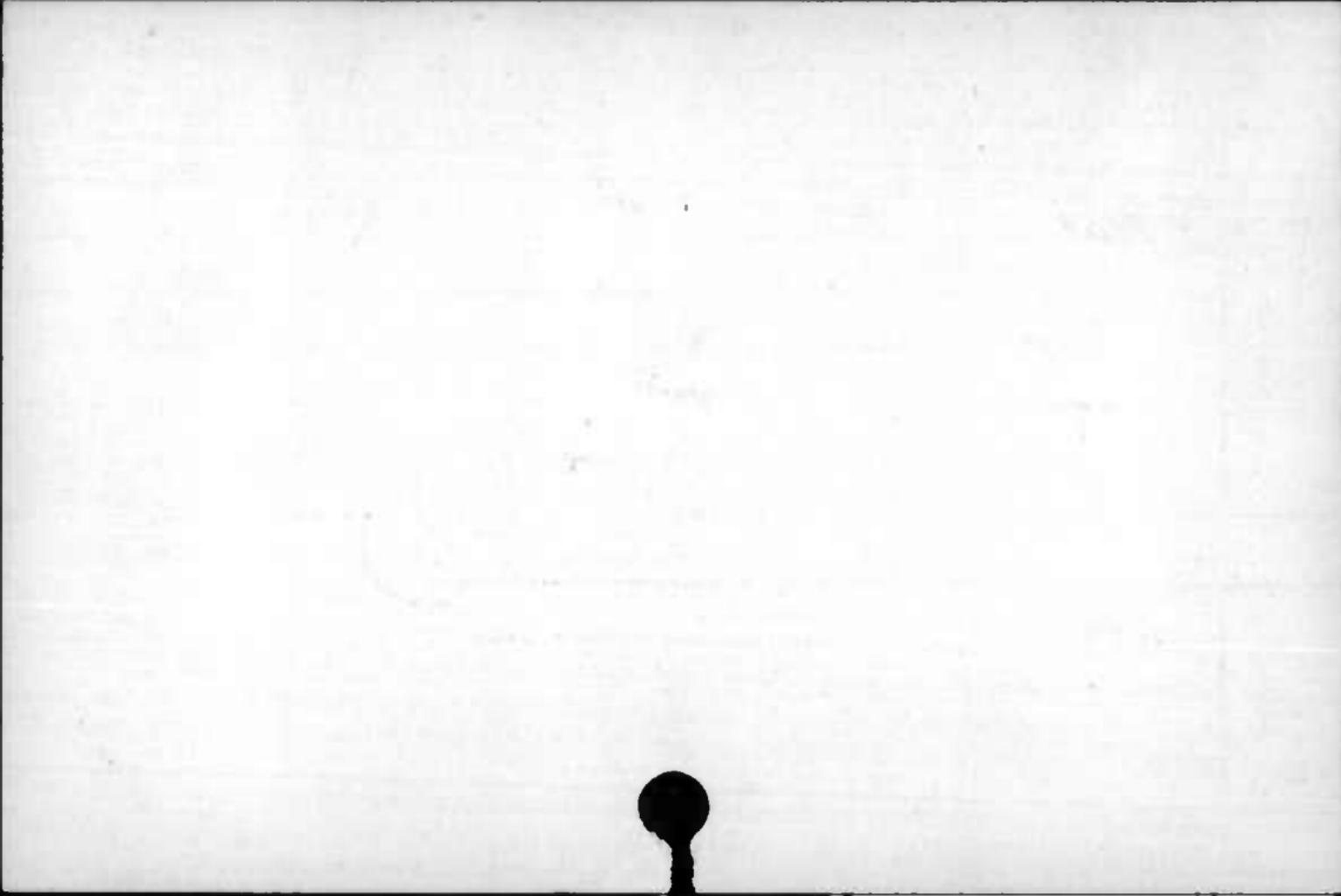
CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	General Debility & La Grippe		How long
			about 7 weeks
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	O. H. Knobell
		Address	Sharpsburg Md
Accident or Suicide?			

I



Name
in
Full

Virginia Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Hagerstown	Washington	
Date of death	Month	Day	Years
1908	2	9	—
Age	Months	Days	14
Sex	Color or Race	Birth-place	
Female	Colored	md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	William Robinson	Father's Birthplace	Wa
Mother's Maiden Name	Katie Williams	Mother's Birthplace	md
Name of person giving Information	Kate Robinson	How related to deceased	Mother
CAUSES OF DEATH			
Primary	61	How long	1 wk
mining		How long	12 hours
Immediate			
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A.B. Wilson M.D.
		Address	302-1 Jonathan St.

PHYSICIAN
OR CORONER

I

Accident or Suicide?

no

Coffey
Hagway

Name
in
Full

Catharine StClair

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	Feb	2	59	5	23		
Sex	or	Color or Race	W	Birth-place	Washington Co Md.		
Occupation	Housewife		Where Residing if not at place of death	Broad Fording			
Married, Single or Widowed	Married	Name of Wife or Husband	Robert StClair				
Father's Name	Henry Shank		Father's Birthplace	York Co Pa			
Mother's Maiden Name	don't know		Mother's Birthplace	Pa			
Name of person giving information	Robert StClair		How related to deceased	Husband			

CAUSES OF DEATH

79

How long

3 months

How long

PHYSICIAN
OR CORONER

Primary

Chronic Pulmonary Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

✓/✓

Signature of Physician

D.C.R. Miller M.D.

Address

710 South 4th Street
Pa.



Accident or Suicide?

A.R.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Sandy Hook</u>		Town <u>Town</u> County <u>Washington</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>2</u>	Day <u>26</u>	Years <u>59</u>	Age <u>59</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Sandy Hook</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Husband <u>Henry Scott</u>					
Father's Name <u>John A. Norris</u>	Father's Birthplace <u>Md</u>					
Mother's Maiden Name <u>Elizabeth Grove</u>	Mother's Birthplace <u>Md</u>					
Name of person giving information <u>John A. Norris</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

177

PHYSICIAN
OR CORONER

Primary

General Drunkeness

How long

6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

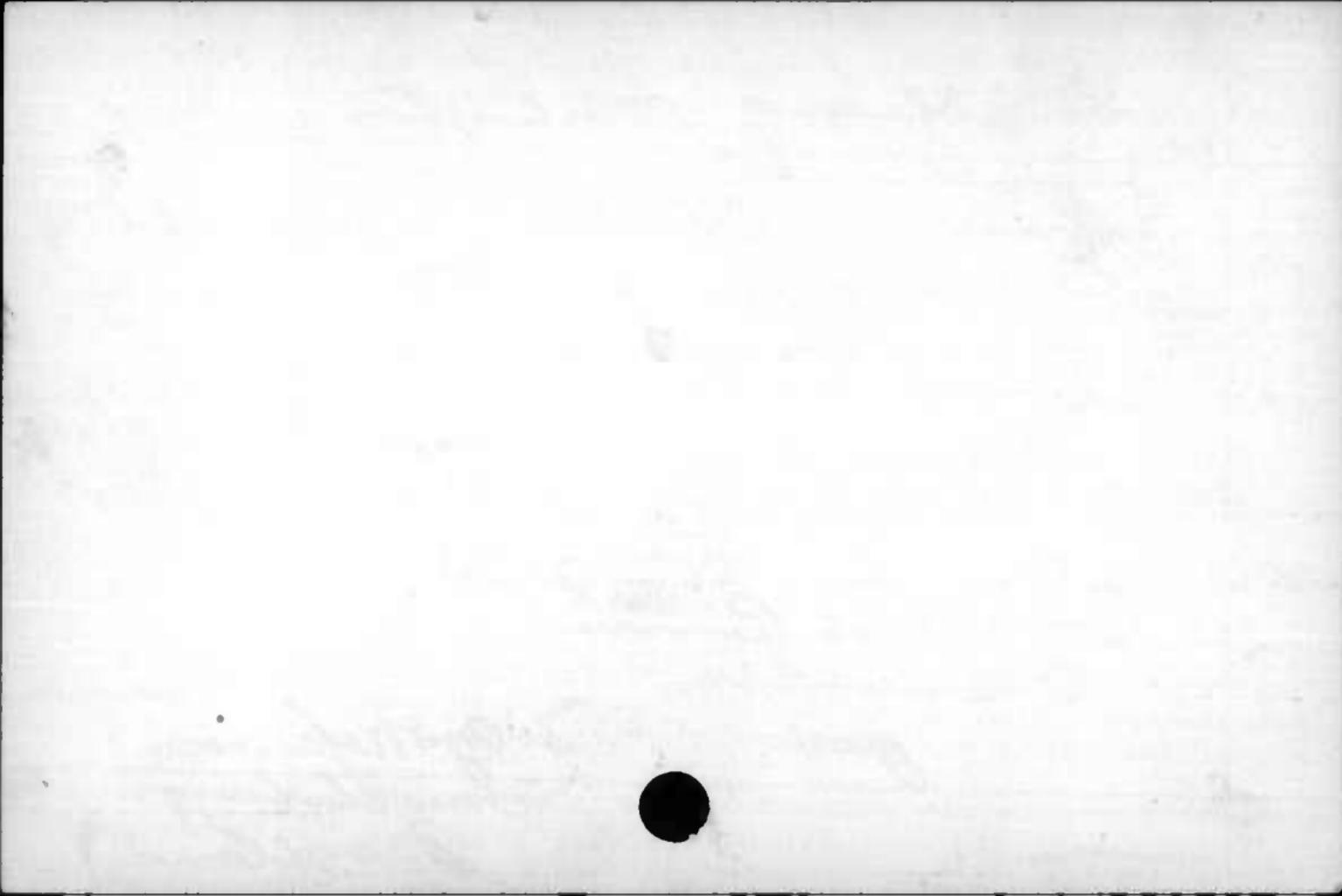
Yes

Signature of Physician

Address

J. J. Yester, Jr.
Baltimore,
Maryland

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

CERTIFICATE OF DEATH

J. Frederick Sessler				MARYLAND				
Died at		Town	County	Washington		MARYLAND		
Date of death	Month	Day	Years	Month	Days			
1908	Feb	24	78	4	2			
Sex	male	Color or Race	white	Birth- place	Germany			
Occupation	Stone Mason			Where Residing if not at place of death				
Married, Single or Widowed	widower	Name of Wife Husband	Fredricka R Sessler	Father's Birthplace	Germany			
Father's Name	Not Known			Mother's Birthplace	Germany			
Mother's Maiden Name	"	"	How related to deceased	daughter				
Name of person giving Information	Mrs. Wm. Middlekauff			79				
CAUSES OF DEATH								
Primary	Paralysis of Heart			New long	10 minutes			
Immediate				How long				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	S.W. Unstal				
			Address	Hagerstown Md				
Accident or Suicide?								



Name
in
Full

Not married Infant - Frank M Shirk CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Frank M. Shirk	Father's Birthplace	Indian Springs
Mother's Maiden Name	Agnus Geiger	Mother's Birthplace	Roxenville Pa
Name of person giving Information	Frank M. Shirk	How related to deceased	Father

CAUSES OF DEATH

151

Primary	Emphysema Birth		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. M. S. Kefauver
yes		Address	Smithsburg Maryland.
Accident or Suicide?			



Name
in
Full

Hazel Louise Shirley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Leitersburg

County

Washington

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1908

Feb

26

3

3

20

Age

Sex

Female

Color or
Race

White

Birth-
place

Washington Co. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Hunter Thomas Shirley

Father's
Birthplace

Winchester Va

Mother's
Maiden Name

Katherine Darlington

Mother's
Birthplace

Gainsboro Va

Name of person giving
Information

Hunter Thomas Shirley

How related
to deceased

Father

CAUSES OF DEATH

71

Primary

Spasms

How long

Three hours

Immediate

Signature of
Physician

Address

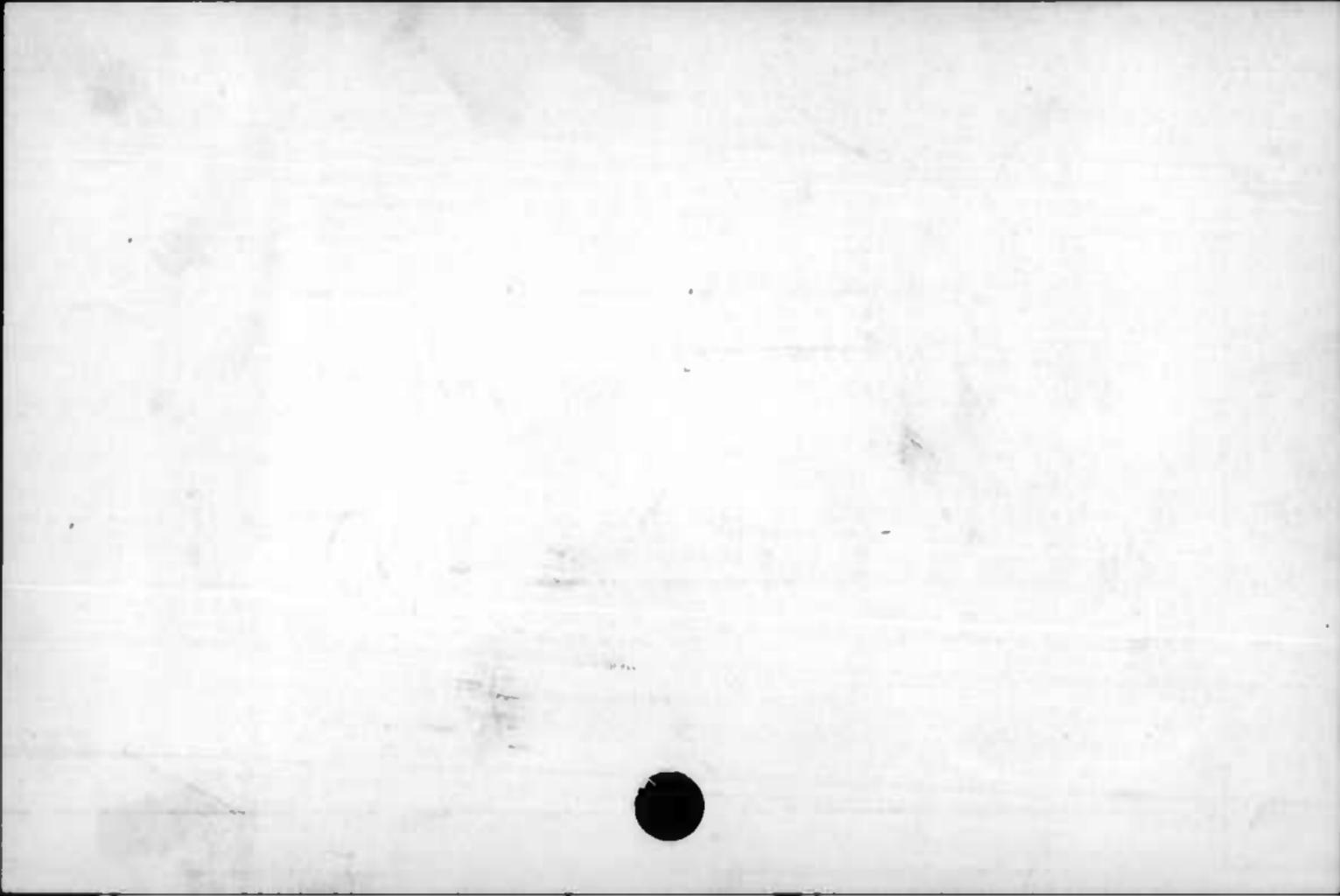
J. H. Wishard
Leitersburg
Md.

PHYSICIAN
OR CORONER

H

Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide?



Name
in
Full

Fannie Shupp

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

1908 2 16 33 - -

Female White

Domestic

Single

Christiana Shupp

Mary A Shupp

Mary Shupp

CAUSES OF DEATH

27

Primary
Tuberculosis

How long
3 years

Immediate
Exhaustion

How long
a few days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. Shupp

Hagerstown

MD

Accident or Suicide?

No

Co. Wren
Rose Hill

Name
in
Full

George W. Smith Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Wash. County
Date of death 1908 Month 2 Day 28 Years 73 Months 10 Days -
Sex male Color or Race white Birth-place Md.
Occupation Lawyer Where Residing if not at place of death
Married, Single or Widowed married Name of Wife or Husband Mary Smith Father's Birthplace Md.
Father's Name Geo W. Smith Mother's Birthplace "
Mother's Maiden Name Catherine Adams How related to deceased daughter
Name of person giving information Miss Edna Smith

CAUSES OF DEATH

120

Primary

urethritis

How long

3 or 4 yrs

Immediate

expansion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm. P. Miller
Hagerstown
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

卷之



Name
in
Full

Solomon Stephney

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Leitersburg

County

Washington

MARYLAND

Date
of death

1908

Month

Feby.

Day

21

Years

83

Months

8

Days

7

Sex

Male

Color or
Race

White

Birth-
place

Smithsburg, Md.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Catharine Ober Stephney

Father's
Name

John Peter Stephney

Father's
Birthplace

Smithsburg, Md.

Mother's
Maiden Name

Anne Mary Proctor

Mother's
Birthplace

Smithsburg,

Name of person giving
Information

Frank F. Stephney

How related
to deceased

Son

CAUSES OF DEATH

146

How long

Primary

Periostitis of Tibia

Nine years

Immediate

General Delirium

Four weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

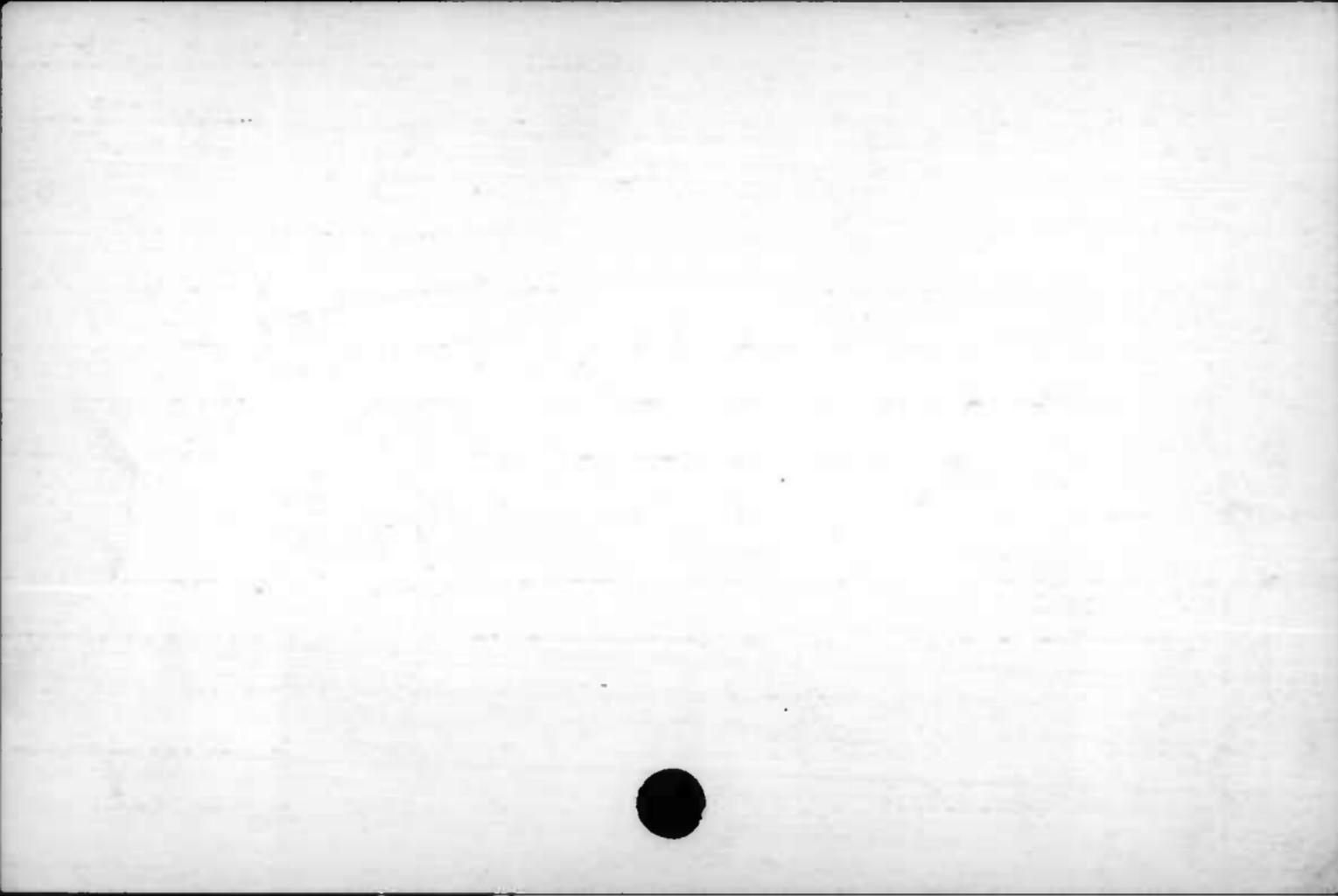
Address

J. H. Wishard
Leitersburg, Md.

PHYSICIAN
OR CORONER



Accident or Suicide?



Name
In
Full

Mary Alice Stortzman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

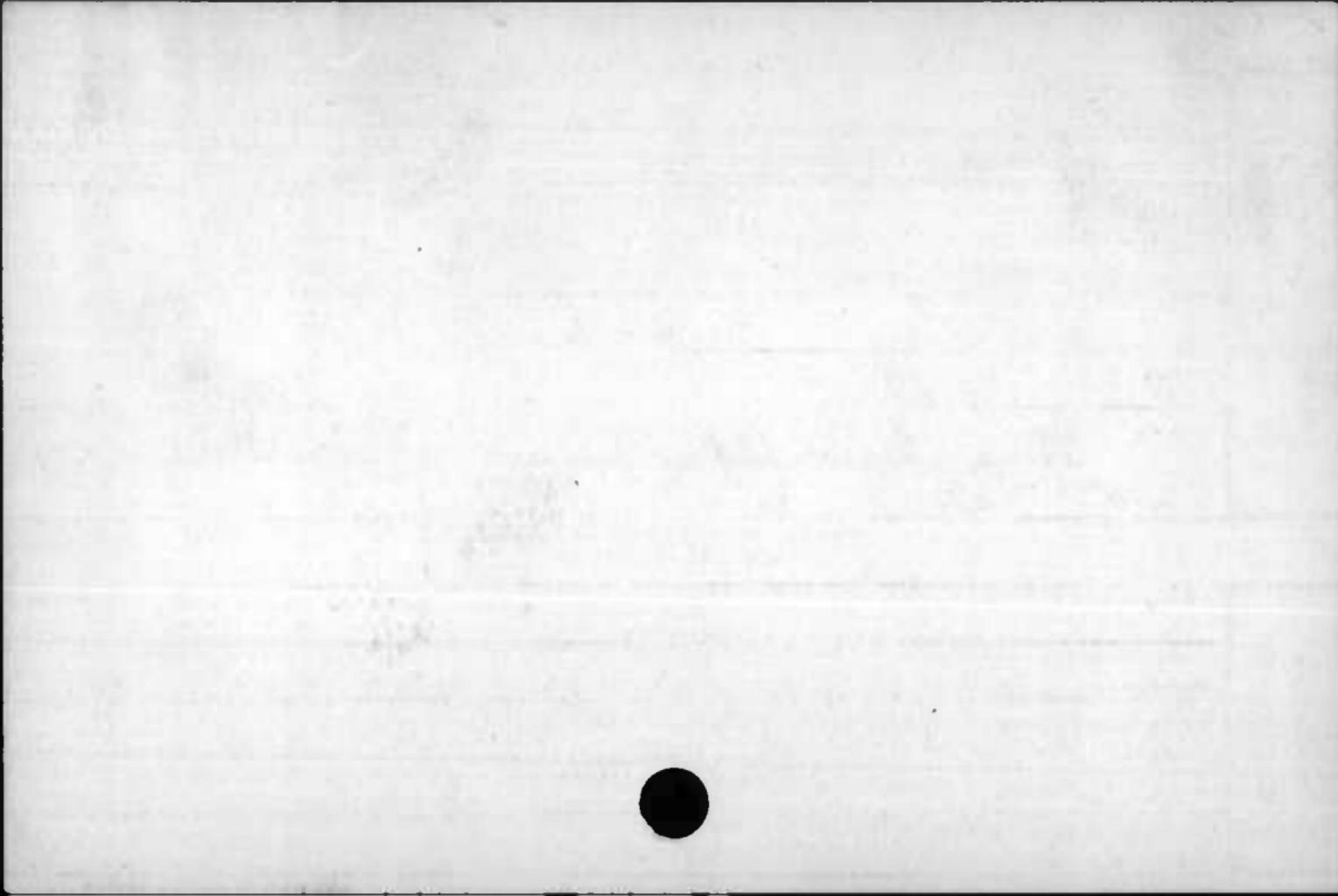
Town	County			MARYLAND		
Died at Halfway	Washington					
Date of death 1908	Month 2	Day 14	Years 51	Months 3	Days 22	
Sex Female	Color or Race white	Birth-place Md				
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Martin G. Stortzman					
Father's Name David Beckley	Father's Birthplace Md					
Mother's Maiden Name Margrile Watkins	Mother's Birthplace Md					
Name of person giving Information Martin Stortzman	How related to deceased Husband					
CAUSES OF DEATH						
Primary	Influenza & Right Lobar Pneumonia Five days					
Immediate	Heart failure Two hours					
How long						
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Daniel A. Watkins						
Address Hagerstown Md.						

10

PHYSICIAN
OR CORONER

H

Accident or Suicide?



Name
in
Full

Charles Albert Luman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Hagerstown	Month 2	Day 3	Years 39	Months 8	Days 6
Date of death 1909	Age	Color or Race	Birth-place		
Sex Male	White	Md			
Occupation Barber	Where Residing If not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Maud Foreman	Father's Name Albert Luman	Father's Birthplace Md		
Mother's Maiden Name Barbara Hemburg	Leman	Mother's Birthplace Md	How related to deceased Baro		
Name of person giving Information Paal	causes of death	45			

PHYSICIAN
OR CORONER

Primary

Sarcoma Trachea

How long

4 mo.

Immediate

Tracheal pressure

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes.

Address

J. P. Laughlin
Hagerstown.

Accident or Suicide?



Name
in
Full

Matty X Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u>			County <u>Washington</u>			MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>17</u>	Age <u>34</u>	Years <u>34</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Wa</u>					
Occupation <u>Domestic</u>	Where Residing if not at place of death _____						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Dennis Ogle</u>						
Father's Name <u>Daniel Hauckton</u>	Father's Birthplace <u>Wa</u>						
Mother's Maiden Name <u>Narratt Johnston</u>	Mother's Birthplace <u>Wa</u>						
Name of person giving Information <u>Dennis Ogle</u>	How related to deceased <u>Husband</u>						

CAUSES OF DEATH

79

Primary <u>Valvular Heart Disease</u>	How long <u>Several yrs.</u>
Immediate <u>Cardiac Failure</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R Scheuer</u>
	Address <u>Hagerstown</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER

H

60 days now
Jacques

Name
in
Full

William J. Wantz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hightfield	Frederick			
Date of death	Month	Day	Years	Months	Days
of death 1908	2	12	Age 40	6	29
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Postmaster	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Libbia Wantz	Father's Birthplace	Pa
Father's Name	Aaron B Wantz				
Mother's Maiden Name	Amanda Starver	Mother's Birthplace "			
Name of person giving Information	Mrs Libbia Wantz	How related to deceased Wife			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

Some years

Immediate

Exhaustion due to Pulmonary Tuberculosis

How long

Several days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. Druberson

Address

Waynesboro Pa

Q

Accident or Suicide?

Bellid

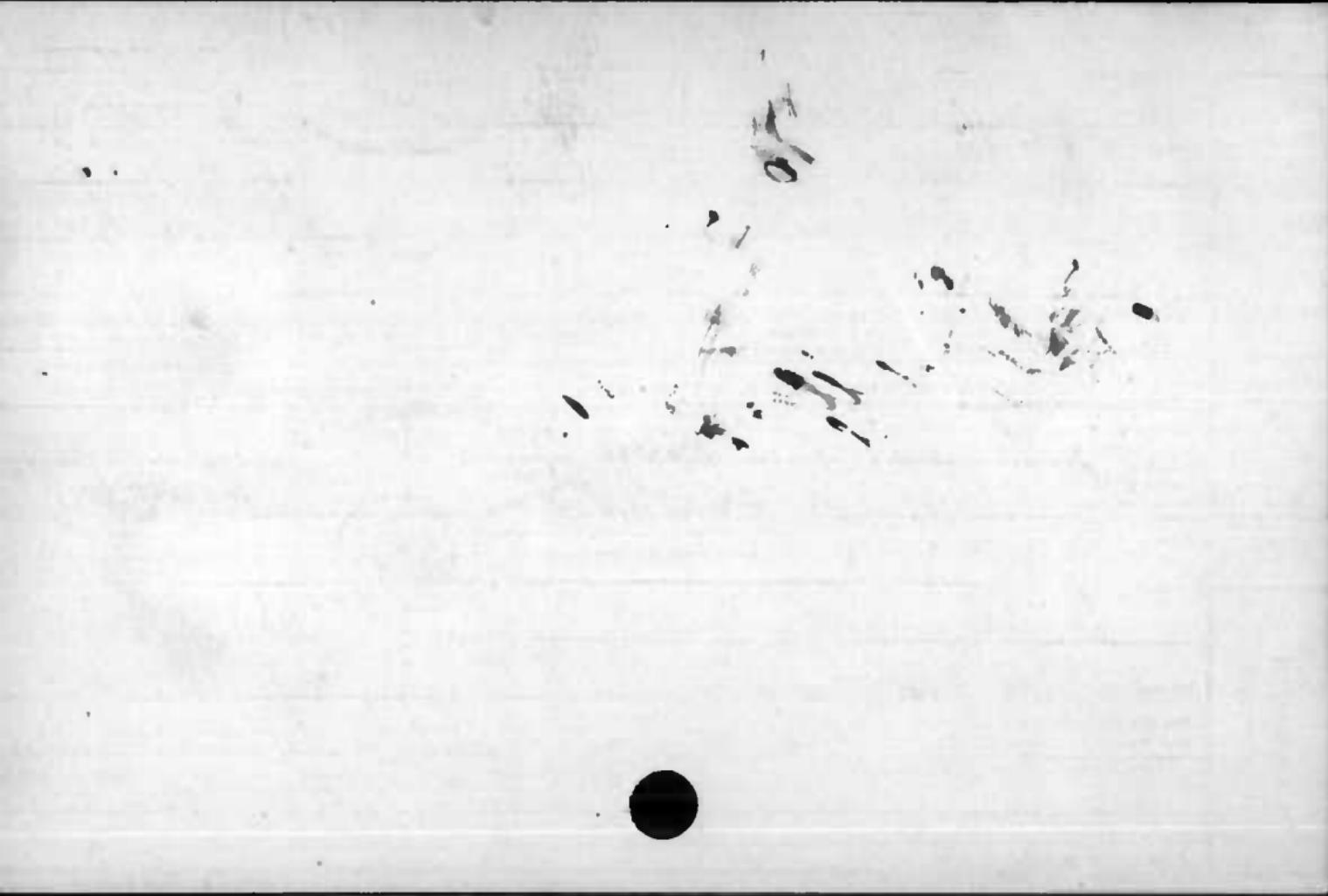
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

<i>J. William Widdows</i>					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1908	21	7	34				
Sex	male	Color or Race	white	Birth-place	md.		
Occupation	Laborer	Where Residing if not at place of death					
Married, Single or Widowed	Widowed	Name of Wife			J. May Widdows		
Father's Name	George J. Widdows			Father's Birthplace	md.		
Mother's Maiden Name	Margaret Loudonslager			Mother's Birthplace	"		
Name of person giving information	J. T. Widdows			How related deceased	son		
CAUSES OF DEATH					27	How long	
Primary	<i>Super-acute</i>			several years			
Immediate	<i>hemorrhage</i>			immediate			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	L.P. Schellor			
			Address				
Accident or Suicide?							



Name
in
Full

Carl Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Carl Wilson			Father's Birthplace	md
Mother's Maiden Name	Kelli Brown			Mother's Birthplace	md
Name of person giving Information	Theodore Brown			How related to deceased	I Father

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis?

How long

30 days

Immediate scirrhous

How long

20 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A.B. Wilson, M.D.

Address

302 - N. Jourina

H

Accident or Suicide?

no

60 freeway

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

not named (Infant) - Wolf.

CERTIFICATE OF DEATH

Died at Carstons		Town	County Washington		MARYLAND	
Date of death 1908	Month 2	Day 6	Age —	Years —	Months —	Days 21
Sex Female	Color or Race white	Birth-place Carstons				
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name Arthur Wolf.	Father's Birthplace Frederick Co.					
Mother's Maiden Name Ethel. Jones	Mother's Birthplace "					
Name of person giving information Jas. Payne	How related to deceased Step-father					

CAUSES OF DEATH

(8)

Primary

Whooping Cough

How long

week

Immediate

Congestive Lungs.

How long

24 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

**J. L. Messier, M.D.
Smithsburg
Md.**

Accident or Suicide?



